



Association of Investigators & Security Professionals

ABN 83 195 672 567

Application for Membership

An application for Membership to AISP must be accompanied by:

- One recent passport photo
- Business card (or official stationery)
- Copies of current licences held under the relevant legislation in the country or state of operation
- Joining and membership fees by way of direct transfer to: AISP NAB
BSB 083-251 Acct 62719 7935

Membership Fees

| | |
|-----------------|--------------|
| Application Fee | \$60 |
| Annual Fee | \$200 |
| Total | \$260 |

Pro-rata rate per month for new members joining after 1 July is \$16.67

Membership fees are due in full 1 July each year

It is requested that all questions be answered in full and the form be signed by the applicant on each page.

Surname _____ First Name _____

Business Name _____ ACN/ABN _____

Trading as _____ Date Est _____

Listed Address _____

Postal Address _____

Place of Birth _____ Date of Birth _____

Contact Details

Telephone (BH) () _____ Facsimile () _____

(AH) () _____ Mobile _____

Website _____ DX Number _____

Email _____

Have you ever been charged or convicted of an offence that would preclude you from obtaining an investigator or security licence under the relevant Act? (If so, please indicate date and details of offences).

Has your licence ever been suspended or cancelled? (If so, please indicate date and details of offences).

Full consent is hereby given to the Association to investigate and enquire into my character and reputation for the purpose of ascertaining my fitness and suitability for membership. The Association is hereby released from any and all liability or claims for any injuries actual or implied, which might emanate from the said investigation.

Dated this _____ day of _____

Signature: _____



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Are you applying for membership for the purposes of obtaining a business licence Yes No

If you answered **yes**, do you have a Certificate IV in Security & Risk Management? Yes No

If you answered **yes**, please provide a copy of your Certificate with your application.

If you answered **no**, then please be advised that you are required to accumulate 12 Continuing Professional Development (CPD) points in each financial year you hold the business licence and membership with the AISP. Please refer to the AISP website at <http://www.aisp.asn.au/> for more details on the CPD program.

Specialist Services to be listed

- | | | |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Investigator | <input type="checkbox"/> Commercial Agent | <input type="checkbox"/> OHS Consultant |
| <input type="checkbox"/> Security Consultant | <input type="checkbox"/> Commercial Sub-Agent | <input type="checkbox"/> Accredited Mediator |
| <input type="checkbox"/> Security Guard | <input type="checkbox"/> Crowd Controller | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Body Guard | <input type="checkbox"/> Process Server | |

Specialist services refers to those activities not normally implied by the licences held

Geographic Location

VC = VIC – Central / CBD

VC = VIC – East

VN = VIC – North

VW = VIC – West

VST = VIC – Statewide

OT = Other

Licence Holders

The particulars shown overleaf are true and correct and are as currently lodged with LRD or relevant licensing authority.

Please include / do not include my contact details on the AISP website

Dated this

day of

Signature:



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Please provide full details of practical experience as a private security individual licence holder, commercial agent, crowd controller, process server, bodyguard, security consultant or internal corporate investigator.

Licence Details

| | | |
|-------------------------------------|--|--|
| Private Security Individual Licence | | |
| Security | | |
| Crowd Controller | | |

Membership Classification

- | | | |
|----------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> IN = Investigator | <input type="checkbox"/> CA = Commercial Agent | <input type="checkbox"/> SC = Security Consultant |
| <input type="checkbox"/> SG = Security Guard | <input type="checkbox"/> CC = Crowd Controller | <input type="checkbox"/> BG = Body Guard |
| <input type="checkbox"/> SF = Security Firm | <input type="checkbox"/> PS = Process Server | <input type="checkbox"/> Internal Corporate Investigator |

Do you know any current AISP members?

Statutory Declaration

I solemnly and sincerely declare that the particulars in this application and any attachments are true and correct and I make the solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Act of Parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

Signature of Applicant:

Declared at:

On:

Before me:

Signature:

Status and address:

Please email application form to aispmembership@gmail.com or alternatively post to PO Box 85, Mitcham, 3132