



ASSOCIATION OF INVESTIGATORS & SECURITY PROFESSIONALS

Application for Membership

An Application for Membership to AISP must be accompanied by:

- Two recent passport size photographs
- Business card (or official stationary)
- Copies of current licences held under the *Private Agents Act (Victoria)* or relevant legislation in the country or state of operation
- Joining and Membership fees by way of a cheque or Money Order payable to "Association of Investigators and Security Professionals"

Payments to be remitted to

The Secretary, A I S P
P O Box 332, Mitcham, Victoria, 3132
DX 13211 Mitcham

Membership fees

Joining Fee:	\$60.00
Annual Fee	\$190.00
Total:	\$250.00

Membership Fees can be paid by Direct Credit to: AISP National Australia Bank 083 251 62719 7935

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

Name: _____
SURNAME FIRST NAME MIDDLE NAME

Title: _____

Business Name: _____ ACN/ABN _____

Trading as: _____ Date Est: _____

Listed Address: _____
(The address to be shown in the membership directory and other publications)

Postal Address: _____
(Your postal address if different from your listed address)

Place of Birth: _____ DOB: _____

Contact Details

Telephone BH: () _____ Facsimile: () _____

Telephone AH: () _____ Mobile: _____

Web site: _____ DX Number: _____

Email: _____

Have you ever been charged or convicted of an offence that would preclude you from obtaining a licence under the Private Agents 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 this Association to investigate and inquire 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 _____



ASSOCIATION OF INVESTIGATORS & SECURITY PROFESSIONALS

AISP Membership Directory & Web Site Entry

The Association's Membership Directory is compiled regularly at the discretion of the Executive Committee. Its objective is to promote the services of listed members to other members and potential contractors. Distribution of the Directory is restricted to AISP members and organisations commissioning the services of listed members.

The AISP web site (aisp.asn.au) will be updated regularly

It is the responsibility of members to ensure their listed details are correct. Licence holders must ensure their listed details are equivalent to those lodged with the Registrar of Private Agents or relevant licencing authority. The signed release form below indicates the member's consent to inclusion in the Membership Directory and the AISP web site.

Specialist Services to be listed

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Accident Investigation | <input type="checkbox"/> Alarm Investigation | <input type="checkbox"/> Arson Investigation | <input type="checkbox"/> Circumstance Reporting |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Photographic (Stills) | <input type="checkbox"/> Photographic (Video) | |
| <input type="checkbox"/> Security Guards | <input type="checkbox"/> Crowd Controllers | | |
| <input type="checkbox"/> Field Calls | <input type="checkbox"/> Process Serving | <input type="checkbox"/> Other <i>(please specify)</i> | |

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

Licence Holders

The particulars shown overleaf are true and correct, and are as currently lodged with the Registrar of Private Agents or relevant licencing authority.

Please include / do not include my contact details in the AISP Membership Directory

Please include / do not include my contact details in the AISP web site Membership Directory

Signed  Date _____

Office Use Only

Dues Received: \$ _____

Date Received: _____

Payment Method: _____ Cheque Number: _____ BSB: _____

Receipt Number: _____

Database updated: _____

Licences valid _____

Verified by: _____



ASSOCIATION OF INVESTIGATORS & SECURITY PROFESSIONALS

Please provide full details of practical experience as Inquiry Agent, Commercial Agent, Crowd Controller, Process Server, Bodyguard, Security Consultant or Internal Corporate Investigator

Licence Details

Inquiry Agent		
Inquiry Agent (Firm's Licence)		
Commercial Agent		
Commercial Sub Agent		
Security (Firm's Licence)		
Security Guard		
Crowd Controller		

Membership Classification

- | | | |
|---|---|--|
| <input type="checkbox"/> Inquiry Agent | <input type="checkbox"/> Commercial Agent | <input type="checkbox"/> Security Consultant |
| <input type="checkbox"/> Security Guard | <input type="checkbox"/> Crowd Controller | <input type="checkbox"/> Body Guard |
| <input type="checkbox"/> Security Firm | <input type="checkbox"/> Process Server | <input type="checkbox"/> Internal Corporate Investigator |

Dated this _____ day of _____ 20____ Signature _____

First Nomination (AISP Member) _____ Signature _____

Second Nomination (AISP Member) _____ Signature _____

Statutory Declaration

I solemnly and sincerely declare that the particulars in this application and any attachments are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an 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 _____
