Association of Investigators & Security Professionals

Membership Renewal Notice

To:

If you would like your logo included please send a copy with Your Renewal.

www.aisp.asn.au

Renewal Date:

PLEASE REMIT PAYMENT TO:
AISP
Membership Officer
PO Box 332
Mitcham Victoria 3132

Renewal Fee: $190.00

Change of Address/Particulars (Complete if Applicable)

Full Name: .....

Title: .....

Business Name: ..... ACN/ABN .....

Trading as: ..... Date Established .....

Listed Address: .....

(The Address To Be Shown In The Membership Directory & Other Publications)

Postal Address: .....

(Your Postal Address , If Different From Listed Address)

DX Number .....

Contact Numbers

Telephone BH ( ) ..... Facsimile ( ) .....

Telephone AH ( ) ..... Mobile .....

Email .....

Web Site.....

Please ensure licence details are correct as lodged with the relevant Authority

Licence Type (& State)	Licence Number	Licence Expiry Date