

Membership Application Form



Australian Security Industry
Association Limited

Step 1 - Checklist

Before completing this form please ensure you have copies of the following documents: (where applicable)

<input type="checkbox"/> Public Liability Insurance Certificate of Currency	<input type="checkbox"/> Scope of training, qualifications issued and certification (if RTO or providing training services)
<input type="checkbox"/> Workers Compensation Insurance	<input type="checkbox"/> List of company directors / partners
<input type="checkbox"/> Professional Indemnity	<input type="checkbox"/> ABN/Business Name Registration Form
<input type="checkbox"/> Security Licence/s, Firearms Licence/s	<input type="checkbox"/> Certificate of Incorporation

Please provide the names and contact details for 2 professional referees:

Name:	Position:	Phone / Email:
1.		
2.		

IMPORTANT NOTE: Supporting documents must be provided with your application.

All documents should be faxed to 02 84254343 or mailed to ASIAL, PO Box 1338, Crows Nest, NSW 1585

Step 2 - Contact Details

Membership Type (please ✓)	<input type="checkbox"/> Corporate	<input type="checkbox"/> Associate	<input type="checkbox"/> Individual
Company or Business Name:			
Trading Name:			
Please indicate which name the membership is to be in: <input type="checkbox"/> Company/Business name <input type="checkbox"/> Trading name			
ABN:			
Registered trading address:			
Suburb / Town:		State:	Postcode:
Postal Address:			
Telephone:		Mobile:	
Company Email:		Fax:	
Company Website:			
Primary contact:		Title:	
Primary contact email:			

Additional Contacts

If you would like additional members of your staff to receive regular updates on industry issues, please complete their details below:

Name	Title	Email

Step 3 - Security Licences & Years of Business

Security Business Licence no.: _____	Expiry date: _____
Individual security licence no.: _____	Expiry date: _____
Does your organisation use firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, copies of business / individual licences are required</i>
Has your organisation or any partner or director ever had and security licence revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, a written explanation is required</i>
Number of years your company has been in business:	
Number of years your company has provided security products and / or services:	
Gross annual company turnover:	
Number of employees:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+

Step 4 - Business Services

Please tick one or more:

<input type="checkbox"/> Monitoring Services - owner operator	<input type="checkbox"/> Training	<input type="checkbox"/> Consultancy
<input type="checkbox"/> Monitoring Services - sub-contracted	<input type="checkbox"/> Physical / Barrier Security	<input type="checkbox"/> Investigation Services
<input type="checkbox"/> Installations / Technological Security	<input type="checkbox"/> Guard Dog Services	<input type="checkbox"/> Other services
<input type="checkbox"/> Protective Security Services	<i>If you ticked "Other services", or you are applying for Associate membership, please specify your primary business activity:</i>	_____

Please ensure you only select those services you currently offer. If you claim to be doing something you are not you may be deemed to be in breach of section 52 of the Trade Practices Act 1974.

Area/s Serviced:

Please tick those states / territories in which your company provides services. You must provide copies of the relevant business licences for those regions (where applicable):

<input type="checkbox"/> All states/territories	<input type="checkbox"/> VIC	<input type="checkbox"/> SA	<input type="checkbox"/> QLD
<input type="checkbox"/> NSW	<input type="checkbox"/> WA	<input type="checkbox"/> TAS	<input type="checkbox"/> NT <input type="checkbox"/> ACT

Step 5 - Payment Details *Please consult Fee Schedule for correct category and payment amount*

___ Cheque - Payable to "ASIAL" Credit card: ___ Mastercard ___ Visa ___ Diners ___ Amex

Card Holder Name:	
Card Number:	
Expiry date:	Total payment: \$
Signature:	

Step 6 - Declaration

How did you hear about ASIAL? Brochure Internet Referral Other (Please provide) _____

I authorise ASIAL to obtain, from credit reporting agencies or regulators, credit reports for individuals and / or companies. I authorise ASIAL to carry out an inspection of premises, business systems, installations and conduct interviews to ensure compliance with State and Federal Legislation in assessing my application for membership.*

I, or any partners or directors, have never been bankrupt. I agree, if admitted to the membership, to be bound by ASIAL's Constitution, policies and procedures, respective Security Legislation and Codes of Ethics and Practice. I declare all information contained in this application to be true and correct.*

From time to time ASIAL may write to you regarding security related issues. If you do not wish to receive this information tick the following box

Signature:	Date:
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