

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 a security licence revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, a written explanation is required</i>	Gross annual company turnover:
Number of years your company has been in business:	Number of years your company has provided security products and / or services:
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 the Competition and Consumer Act 2010.

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 or ASIAL'S strategic partners 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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