



ASIAL

AUSTRALIAN SECURITY INDUSTRY
ASSOCIATION LIMITED

MEMBERSHIP APPLICATION FORM



ASIAL MEMBERSHIP APPLICATION FORM

NOTE: Supporting documents and payment must be provided with your application. All documents should be emailed to security@asial.com.au or mailed to: ASIAL, PO Box1338, Crows Nest NSW 1585

MEMBERSHIP TYPE*

- Corporate (Gross annual company turn over in security related activities):\$
Associate

PRIMARY CONTACT DETAILS*

A duly appointed representative who is entitled to request changes to the membership and if eligible, is the only person entitled to vote on behalf of the member.

Prefix:

First name*

Last Name*

Position*

Email*

Phone*

Mobile*

AddressLine1

AddressLine2

Suburb/Town*

State*

Postcode*

Email/communication preferences

First Alert eNewsletter (fortnightly)

ASIAL Event email updates

ASIAL Strategic Partner email updates

Bi-monthly WHS eNewsletter

Receive membership certificate via mail

Receive *Security Insider* Magazine via mail (also available online)

Individual Security Licence Number

COMPANY DETAILS

Organisation Name*

Business Name*

ABN*

Company Director/s

REGISTERED BUSINESS ADDRESS

Registered Business Address (Line 1)*

Registered Business Address (Line 2)

Suburb/Town*

State*

REGISTERED POSTAL ADDRESS (if same as business, write 'as above')

Postal Address (Line1)*

Postal Address (Line2)

Suburb/Town*

State*

Postcode*

Company/Business Phone*

Company Mobile:

Company/Business Email*

Company/Business Website

NOTE: *mandatory field throughout form

LICENCES AND YEARS OF BUSINESS*

Security Firm/Master Licence/s (number and expiry date are required for all the states/territories that you hold a licence).

Licence/Registration No.	Expiry date
ACT	
NSW	
NT	
QLD	
SA	
TAS	
VIC	
WA	

Number of years your company/business has been operating?*

Start up	Less than 2 years	More than 2 years
----------	-------------------	-------------------

Number of years your company/business has provided security products and/or services?*

Start up	Less than 2 years	More than 2 years
----------	-------------------	-------------------

Does your organisation use firearms* Yes No

Has your organisation or any partner or director ever had a security licence revoked?* Yes No
(If yes, please provide a written explanation below.)

Number of employees*

Sole Proprietor	1-10	11-20	21-50	51-100
101-500	501-1000	1001-2000	2001+	

BUSINESS SERVICES OFFERED*

(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*).

Access Control Electronic	Crowd Control/ Venue Protection	Locks/Doors/Fences/Barriers
Alarm Installation	Drone/Robotics	Locksmith Services
Alarm Monitoring Services	Face Recognition	Manufacture/Wholesale Mobile
Alarm Response-Attendance	GPS Tracking	Patrols
Biometrics	Guard Dog Services	Other Services
Bodyguard	Guard Services	Recruitment/Labour Hire
Cash Management /CIT	Home Automation/ Video Intercoms	Safes/Record Protection
CCTV -Sales/Installation	Investigations	Training
Consultancy/Risk Management	IT Security	

