



## MEMBERSHIP APPLICATION

### Types of membership

- Security Guard** - may hold office, holds one vote, may serve on a committee ..... \$125
- Private Investigator** - may hold office, holds one vote, may serve on a committee...\$50
- Both Licenses .....\$150  
**\*\*Provide copies of License(s)**
- Student** - Non-exclusive, non-voting membership for students .....\$50
- Vendor** - Non-exclusive, non-voting membership for businesses and organizations who market to the security and investigative industries. ....\$250  
**\*\*Provide Reference letter from MASIP member in good standing**

### Support MASIP PAC

Please make your voluntary contribution by personal check, payable to MASIP PAC and enclose with your dues payment.

## LICENSING AND COMPANY INFORMATION

Licensee Name: \_\_\_\_\_ Year Acquired: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail \_\_\_\_\_ website: \_\_\_\_\_

License Number(s) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has this license ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

Year Business was founded \_\_\_\_\_

Approximate number of UNFORMED employees \_\_\_\_\_

Areas of Specialization

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Were you recruited by a MASIP member? \_\_\_\_\_

if so whom? \_\_\_\_\_

If not, how did you learn of us? \_\_\_\_\_

Is your agency licensed in any other states? \_\_\_\_\_

If so, where? \_\_\_\_\_

Are you a member of any other Security/Investigative or Business Organizations? \_\_\_\_\_

I hereby apply to membership in MASIP and affirm that all information provided on this application is true and correct. I authorize MASIP to allow any of its agents or representatives to make a thorough review of my application and specifically authorize any person, company, organization, or other entity to release to MASIP and all all types of information relevant to me or my agency. I understand that submitting false information on this application will result in revocation of my membership. I fully and completely hold harmless all parties involved in the release and use of the above information and i agree to abide by the Bylaws and Code of Ethics of MASIP.

\_\_\_\_\_  
License Holder Signature

\_\_\_\_\_  
Date

## Pay by credit card or make check payable and mail to MASIP

Total Amount \_\_\_\_\_ Check # \_\_\_\_\_

Please charge my:    Visa    MC    AMEX

Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ CID: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_