



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: _____

Member Name: _____ Job Title: _____

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 UNIFORMED employees _____

Areas of Specialization

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 any and 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 Michigan Association of Security and Investigative Professionals (MASIP)

Total Amount _____ Check # _____

Please charge my: Visa MC AMEX

Card Number: _____ EXP: _____ CID: _____

Cardholder Name: _____ Billing Zip Code: _____