



MASIP

Michigan Association of Security
and Investigative Professionals

MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP

- Security Guard**- May hold office, holds one vote, may serve on a committee (licensee, employee of licensee).
 - \$125.00 Annual Dues
 - Provide copy of Agency License
- Private Investigator**- May hold office, holds one vote, may serve on a committee (licensee, employee of licensee).
 - \$50.00 Annual Dues
 - Provide copy of Agency License
- Both Licenses Held**
 - \$150.00 Annual Dues
- Student**-Non-exclusive, non-voting membership for students
 - \$50.00 Annual Dues
- Vendor**-Non-exclusive, non-voting membership for businesses and organizations who market to the security industry. Insurance Agencies, Uniform Suppliers, Payroll Processors, Attorneys, etc.
 - \$250.00 Annual Dues
 - 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 it with your dues payment

LICENSING & COMPANY INFORMATION

Licensee Name _____ Year Acquired _____

Name of business (as it appears on license) _____

Business Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Mobile _____

Email _____

Website _____

License Number _____ Expiration Date _____

Has this license ever been suspended ___ Yes ___ No

Year business was founded _____

Approx. number of UNIFORMED employees _____

Areas of specialization _____

Were you recruited by an 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/Investigations or Business organizations? _____

ADDITIONAL MEMBER INFORMATION

Member Name _____

Job Title _____

Phone _____ Fax _____ Mobile _____

Email _____

I/We hereby apply for membership in MASIP and affirm that all information provided on this application is true and correct. I/ We 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 the MASIP.

License Holder Signature Date

Please make checks payable to MASIP

Visa MasterCard AMEX

Credit Card # _____ Exp. _____

Signature _____ CID _____