MEMBERSHIP APPLICATION FORM



(Business Affiliate)

(Please complete using block capitals)

Registered Company Name:

Business Trading Name:

Registered CRO No.: Trade commenced:

Business Address:

Registered Office:

Business Activities:

Telephone: FAX:

Mobile

Email:

Website Address:

**Vat Registration Number**

**Tax Clearance Yes No Insurance Cover (**attach copy schedule)

**Bank Sorting Code: - -**

**Account Number:**

MEMBERSHIP APPLICATION FORM



(Business Affiliate)

**(Continued)**

**Specific Products / Services relative to the Security Industry**

**Please attach examples / brochures / photographs**

**Declaration**

**I/We certify that the foregoing information is correct to the best of my/our knowledge. If this application is approved I/We agree to observe the rules and bye-laws of the Association and to participate actively in all lawful activities, to the advancement and growth of the Association, as may be required from time to time.**

**I/We will indemnity the Association against any claim for loss or damage resulting from services / products supplied to your membership by me/us.**

**Name**

**Position**

**Signed**

**Date**

**The completed application form, together with a non-refundable application fee of €150 +Vat 23% should be forward to the ISIA, Chase House, City Junction Business Park, Northern Cross, Malahide Road, Dublin 17**