



# MEMBERSHIP APPLICATION FORM (Suppliers Network)

(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)**

## MEMBERSHIP APPLICATION FORM (Suppliers Network) (Continued)

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

**Please attach examples / brochures / photographs**

### Recommendations

**Please include with your application two letters of recommendation from current members of the ISIA, who have been members for two years or more.**

### 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 indemnify the Association against any claim for loss or damage resulting from services / products supplied to your membership by me/us.**

**Name**

**Position**

**Signed**

**Date**

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**The completed application form, together with a non-refundable application fee of €250 +Vat @ 23% must be forward to the ISIA, Chase House, City Junction Business Park, Northern Cross, Malahide Road, Dublin 17 or the application fee may be paid by EFT to the following account: Irish Security Industry Association IBAN IE58AIBK93210804315078 BIC AIBKIE2D (please include an identifiable reference) and submitted to [sarahodonnell@isia.ie](mailto:sarahodonnell@isia.ie).**