

# Electronic Security Association Inc

## Membership Application Form

Membership Type:    Ordinary                      Associate                      Founding                      (Please circle)

Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Registered Trading Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Mobile: \_\_\_\_\_

Security Firms Licence Class                      Licence Number                      Expiry

Individual Security Licence Number                      Expiry

Registered Cabling Licence Number                      Name of Registrar

**Please attach copies of all licences and the following:**

- Public Liability Insurance Certificate of Currency
- Professional Indemnity Insurance Certificate of Currency
- ABN/Business Name Registration
- Workers Compensation Insurance Certificate of Currency
- Certificate of Incorporation
- List of Company Directors/Partners (including address)

I authorize ESA to obtain from credit reporting agencies, credit reports for individuals and/or companies. I also authorize ESA to carry out an inspection of premises, business systems, installations and conduct relevant interviews to ascertain my/our suitability for membership.

I/We agree to be bound by the constitution of the ESA, it's code of practice, policies and procedures and the relevant acts pertaining to licencing of security firms and individuals in the states and/or territories in which they transact business.

I declare that the information that is provided in this application is true and correct.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_