



International Professional Security Association
INDIVIDUAL MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

PLEASE USE BLOCK CAPITALS

Forename(s)			
Surname			
Title		Post nominals	
Previous names			
Date of birth			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say

CONTACT INFORMATION

Email address			
Home address			
		Postcode	
Mobile phone		Work phone	

EMPLOYMENT INFORMATION

Employer			
Job title		Licence number (if applicable)	
If paid hourly	<input type="checkbox"/> Below 9.50	<input type="checkbox"/> Between 9.51 & 11.00	<input type="checkbox"/> Above 11.01
If paid salary	<input type="checkbox"/> Below 25000	<input type="checkbox"/> Above 25001	
Do you wish to become a mentor to a industry colleague?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any relevant industry qualifications, e.g. CPP / CSyP			

OFFICE USE ONLY

Date received		Membership number	
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DECLARATION

I HEREBY CERTIFY

That to the best of my knowledge, the information I have provided on this application form is complete and correct, and understand that misrepresentation of the facts provided, or failure to disclose a relevant matter, may be deemed grounds for terminating this application. I understand that in the event of my application being unsuccessful, the joining fee is non-refundable.

I authorise IPSA to contact the referees nominated on this form.

I agree to be bound by the Association's Constitution and Rules and accept the IPSA Ethical Code of Conduct (available at www.ipsa.org.uk) as part of those rules.

I understand that personal data I have provided will be processed and retained in the manner described.

I hereby apply to become an individual member of the International Professional Security Association. I undertake to pay all subscriptions in accordance with the Association's rules, and I understand that if I choose to relinquish membership part way through a membership year, fees are non-refundable.

Please note: use of the IPSA logo by individual members is not permitted.

Name	
Date	

MAILING LIST SIGNUP

Please indicate below whether you would like us to register your contact details on to our IPSA Mailing list. (This will ensure that you are kept up to date with industry related news, including our monthly IPSA Newsletter).

Yes

No

Disclaimer: Please be aware that under Data Protection Laws, your personal data will remain confidential and will NOT be shared with any other individual or organisation.

The information requested on this form, together with any other information you have provided in support of this application, may be used to process your membership. IPSA membership status is conditional upon satisfactory security screening as determined from time to time by IPSA. All documents provided with this form, will be retained and held thereafter, in your personal file. Should your application be unsuccessful, all documentation relating to this application will be destroyed 12 months from the date entered on this form. It is IPSA policy to destroy personal records 5 years after membership ceases. The Association has the right to refuse or defer any application without assigning any reason.

Please email completed application forms to: **membership@ipsa.org.uk**

Receipt of application will be acknowledged within 7 days.