



The International Association of Certified Surveillance Professionals official membership application form

Please allow 30 days for complete processing upon receipt of your application and payment. Membership is individual and is not transferable from one person to another. Dues and processing fees are non-refundable.

Current Date & Time \_\_\_\_\_

## PERSONAL INFORMATION:

Preferred Mailing Address:

First Name:

Middle:

Last Name:

Title: \_\_\_\_\_

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

## Business Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone:

Fax:

E-mail Address:

## Home Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone:

Fax:

E-mail Address:

## Request for Taxpayer Identification Number (W9 Form)

- Yes, Please send a completed W9 form to my preferred mailing address
- Yes, Please send a completed W9 form to the address below

Point of Contact

Name:

Phone Number:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

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**PRESENT**

Present Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of surveillance duties and responsibilities:

**Employment 10 Year History (starting with most recent)**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Business Title: \_\_\_\_\_ City: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ State: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Description of duties & responsibilities:

**2<sup>nd</sup> Previous History**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Business Title: \_\_\_\_\_ City: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ State: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Description of duties & responsibilities:

**3<sup>rd</sup> Previous History**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Business Title: \_\_\_\_\_ City: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ State: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Description of duties & responsibilities:

**EMPLOYMENT INFORMATION Continued:**

*4th Previous History*

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Business Title: \_\_\_\_\_ City: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ State: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Description of duties & responsibilities:

*5th Previous History*

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Business Title: \_\_\_\_\_ City: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ State: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Description of duties & responsibilities:

*6th Previous History*

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Business Title: \_\_\_\_\_ City: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ State: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Description of duties & responsibilities:

**STATEMENT and SIGNATURE:**

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

Citizen?

Have you ever been convicted of a felony?

Have you ever had any type of security clearance suspended, denied, or revoked?  
If yes, provide explanation:

I \_\_\_\_\_ do hereby apply for membership in the International Association of Certified Surveillance Professionals.

I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize verification of this information, and release all concerned from any liability in connection therewith. I hereby apply for membership in the International Association of Certified Surveillance Professionals and have read and understand the qualification of membership, processing fees, and dues payment requirements. I agree to abide by the Associations Bylaws, to adhere to its Code of Ethics, and to promote its objectives. Providing false or misleading information in the application form or failure to adhere to IACSP Bylaws and Code of Ethics shall be ground for denial of membership or expulsion from the Association whenever discovered.

Signature:

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

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Please mail a completed application along with payment to our Administrative Office  
Checks / Money Orders: payable to IACSP

3565 Las Vegas Blvd South #243  
Las Vegas, NV 89109

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**FOR IACSP USE ONLY**

MEMBER NUMBER:

APPR.DATE:

MEMBER TYPE:

PAYMENT TYPE:

CHECK #: