



INTERNATIONAL ASSOCIATION OF SECURITY  
AND INVESTIGATIVE REGULATORS

## Membership Application

Please indicate the type of membership for which you are applying:

\_\_\_ FULL MEMBERSHIP: \$290

Any state, provincial or other governmental entity that regulates security, investigative, alarm and/or related industries. This includes regulatory boards, local agencies that are not state-regulated, and entities from other countries. A full membership is valid for two participants, one of whom is entitled to vote.

\_\_\_ ASSOCIATE MEMBERSHIP – THREE CATEGORIES

Any individual, company, organization, corporation, etc., that is not a governmental regulatory entity, but declares an intention to pursue the purposes of the Association as stated in its bylaws, may apply for a non-voting associate membership. An associate membership is valid for two participants. Associate member applicants who provide regulated services must attach a complete list of jurisdictions in which they operate and where licenses are held (see Page 2). The applicant must also report any discipline received in those jurisdictions.

\_\_\_ ASSOCIATE MEMBER, ANNUAL REVENUE LESS THAN \$1 MILLION: \$290

\_\_\_ ASSOCIATE MEMBER, ANNUAL REVENUE \$1 MILLION-\$10 MILLION: \$430

\_\_\_ ASSOCIATE MEMBER, ANNUAL REVENUE \$10 MILLION-\$100 MILLION: \$720

\_\_\_ ASSOCIATE MEMBER, ANNUAL REVENUE \$100 MILLION-\$1 BILLION: \$1,200

\_\_\_ ASSOCIATE MEMBER, ANNUAL REVENUE MORE THAN \$1 BILLION: \$2,400

\_\_\_ ADDITIONAL REPRESENTATIVE: \$50

Additional representatives beyond the two included in a Full or Associate membership may be added to either membership at a cost of \$50 per person.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ OFFICE FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WEB SITE \_\_\_\_\_

**Please make check payable to IASIR.**

**Mail check along with completed form to:**

Laurel Rudd  
IASIR Administrator  
P.O. Box 93  
Waterloo, IA 50704

**For more information,**

**contact IASIR Administrator:**

Phone: 888/354-2747  
Email: [contact@iasir.org](mailto:contact@iasir.org)  
Fax: 319/232-1488

## **Full Membership**

**Type of Entity:** \_\_\_ State/Provincial \_\_\_ Local Government \_\_\_ Other \_\_\_\_\_

**Industries Regulated:** \_\_\_ Alarm, Electronic Devices \_\_\_ Armored Cars \_\_\_ Private Investigative  
\_\_\_ Security Officers \_\_\_ Other \_\_\_\_\_

**ADDITIONAL REPRESENTATIVE(S):** Full memberships are valid for two participants. Additional representatives may be added to a full membership at a cost of \$50 per person. If a second representative is to be included, please list contact information below. Attach another page for additional representatives.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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## **Associate Membership**

**Membership Type:** \_\_\_ Agency \_\_\_ Association \_\_\_ Company \_\_\_ Corporation  
\_\_\_ Other \_\_\_\_\_

**Industries Represented:** \_\_\_ Alarm, Electronic Devices \_\_\_ Armored Cars \_\_\_ Private Investigative  
\_\_\_ Security Officers \_\_\_ Other \_\_\_\_\_

**SECOND REPRESENTATIVE:** Associate memberships are valid for two participants. Additional representatives may be added to an associate membership at a cost of \$50 per person. If a second representative is to be included, please list contact information below. Attach another page for additional representatives.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**\*IMPORTANT:** Associate member applicants who provide regulated services must attach a complete list of jurisdictions in which they operate. Please indicate license number(s) and jurisdiction(s) in which you are licensed (list here or as an attachment). Also, please report any discipline received in the named jurisdiction(s):

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