



Membership Application Form

FROM

(Name of Company):

We hereby apply for Membership of the PSSA under the following section(s):

- MANUFACTURER/SUPPLIER (Physical Products)**
- ASSOCIATE MEMBER**
- INSTALLER**
- PROFESSIONAL ASSOCIATE (Consultants, Service Providers etc.)**
- OTHER (End Users etc.)**

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We agree to:

- Accept the terms and conditions of the Memorandum and Articles of Association of PSSA together with its Byelaws (available on request) and undertake to pay such annual subscription as shall from time to time be fixed by the Association in General Meeting.
- Abide by the membership criteria applicable and understand that a minimum of 6 months notice in writing is required in the event of the termination of our membership. In writing shall include in electronic form such as email or fax provided that there is either electronic proof of delivery or an actual acknowledgement of delivery.

We understand that:

- Our application is subject to approval by the Management Council of the PSSA.
- We agree to pay the **appropriate annual subscription** as set by the Association.

Submitted by:	TEL NO:
NAME:	E-MAIL:
SIGNATURE:	WEBSITE:
ADDRESS:	DATE:

Please return completed form to PSSA, Airport House, Purley Way, Croydon, CR0 0XZ
 Tel: +44 (0)20 8253 4509 - Fax: +44 (0)20 8253 4510 E-mail: admin@pssasecurity.org www.pssasecurity.org