

**Corporate Membership Application**  
**Category of Membership (Affiliate / Associate)**

**International Institute of Security and Safety Management**

Nehru Bal Samiti Complex,  
Masjid Moth, South Extension Part – II,  
Opposite R-2 Block, Near Jain Mandir,  
New Delhi – 110049, India  
India

Sir/Madam,

I/We hereby apply for **Corporate membership** of **IISSM**. I/we agree to **pay the admission fee / annual subscription** as may be required. I/we also understand that the acceptance of my membership is subject to approval of the Executive Committee of IISSM. I have **read the Rules & Regulations of the Association** and **agree to abide by them**.

Please find enclosed my/our application form, duly filled in for further necessary action at your end.

**Name of the Applicant** \_\_\_\_\_

**Signature of the Applicant** \_\_\_\_\_

**Designation with Corporate Seal** \_\_\_\_\_

Place: \_\_\_\_\_

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

- Note:**
1. The application form should be filled clearly.
  2. Cuttings / alterations should be avoided.
  3. Above application can be printed on official letterhead.



# International Institute of Security and Safety Management

Nehru Bal Samiti Complex, Masjid Moth, South Extension Part – II, Opposite R-2 Block,  
Near Jain Mandir, New Delhi – 110049, India  
Tel: +91-11-32495574 Fax: +91-11-266256123, E-mail: [helpdesk@iissm.com](mailto:helpdesk@iissm.com)

## **Corporate Membership Application Form** **Category of Membership (Affiliate / Associate)**

Name of Organisation \_\_\_\_\_

Business Address \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Constitution of the Organisation (Proprietary / Partnership / Pvt. Ltd. / Ltd. / Others Please indicate name of Registration authority with Registration No. and date, if applicable)

\_\_\_\_\_  
\_\_\_\_\_

No. of Employees \_\_\_\_\_

Nature of Business (Tick any three and rate them 1, 2 and 3 according to the level of priority)

Access Control System		CCTV Surveillance Systems	
Intruder Alarm Systems		Fire Detection & Protection Systems	
Security / Safety Equipment & Device		Manned Guarding System	
Physical Security Equipment		Transport Security	
Safes and Safe Deposits		Security Practitioner / Consultant	
Security Surveys		Security Education & Training	
Detective and Investigating Services		End User of Security	
Bomb Disposal Equipments		Services / Equipment	
Others (Please specify)		Integrated System	

Membership of other Professional Bodies / Associations (Attach separate sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Name & Designation of the Authorised Representative \_\_\_\_\_

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

\_\_\_\_\_  
No. of Years in the organisation \_\_\_\_\_

Has your organisation ever been refused / or expelled from any membership of a professional body / organisation? (Yes / No) \_\_\_\_\_

*If yes, please give details*

**Declaration:**

I, \_\_\_\_\_ authorised representative of

\_\_\_\_\_ (Name of the organisation / company) certify that all information herein is true and complete to the best of my knowledge and belief. I authorise verification of this information and release all concerned from any liability in connection therewith. I hereby apply for membership in the Association and have read and understood the qualifications of membership, entrance fee and dues payment requirements as outlined in the Membership Information brochure. I agree to abide by the Association's By-Laws, to adhere to its Code of Ethics, and to promote its objectives. Providing false or misleading information in this application form or failure to adhere to IISSM By-Laws and Code of Ethics shall be grounds for denial of membership or expulsion whenever discovered.

Authorised Signatory

Organisation / Company Seal

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

Place: \_\_\_\_\_

**Eligibility Criteria:**

- i. The applicant has to be a graduate from a recognised university.
- ii. The applicant should be a professional engaged in the main profession of security, safety, loss prevention or in allied services.
- iii. Associate Membership: 10 years service with minimum supervisory work experience of 5 years.
- iv. Affiliate Membership: Work experience of 2 years.
- v. Companies or Associations using or providing security and safety services may also become Associate/ Affiliate corporate member of IISSM after paying the prescribed fee.

**Membership Fees:**

Category	Membership Fee (one time)	Processing (one time)	Annual Dues
Associate Member (Companies)	US \$200	US \$50	US \$50
Affiliate Member (Companies)	US \$100	US \$25	US \$25

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**FOR OFFICE USE ONLY**

Date of Receipt \_\_\_\_\_ Bank Draft / Cheque No. \_\_\_\_\_ for

USD \_\_\_\_\_ drawn on \_\_\_\_\_

Accepted / Rejected \_\_\_\_\_ Date on which intimation sent \_\_\_\_\_

Admission Fee Received:  Yes  No

Annual Subscription Received:  Yes  No Period \_\_\_\_\_

Remarks: \_\_\_\_\_