



ASSIST

ASSOCIATED SECURITY SERVICES &
INVESTIGATORS OF THE STATE OF TEXAS, INC

NEW MEMBERSHIP APPLICATION

Full payment for your membership dues must accompany this form.

Name _____ Company TPSB License # _____

Company Name _____

Company Address _____ City/State/Zip _____

Office Phone _____ Fax _____ Cell Phone _____

E-mail _____ SSN: _____ - _____ - _____

SSN is required for continuing education certificates

Do you wish to have your certificates emailed? Yes No

Regular Voting Member.....\$150.00
(Voting member)

Is this membership owned by the individual or by the company?

- Individual
- Company

Does the company want significant Worker's Compensation discounts as a Safety Group Member?

- Yes
- No

Associate Member.....\$ 25.00
(Non voting)

Vendor Member.....\$ 250.00
(Non Voting)

All dues are paid annually.

Payment \$ _____

Please make checks payable to ASSIST.

Please mail payments to:
3300 Bee Caves Road, Suite 650-119
Austin, TX 78746
ATTN: Member Services

Member Signature

Date