

### Application Checklist

Please make sure that you complete the check list below and include all required documentation before

**NEW** companies please provide the first three items. **Existing** companies please provide all documents:

- BSCAA Membership Application form.** Please note that all fields must be complete. Should there be questions left unanswered your membership application may be rejected until complete.
- Evidence of **Registration of Business.**
- Copy of **ABN Certificate**
- A copy of **current Master License**
- Evidence of **current Public Liability insurance**
- Evidence of **current Workers Compensation insurance** or **Income Protection insurance**
- Firearms License** (If a Firearms License is held)

Please note that should your application be complete with all required documentation it takes up to 10 working days to be processed.

Once your membership has been approved new companies have 60 days in which to apply for, complete and return any outstanding compliance documentation.



ABN 13 033 709 955

## Business information

Company or Business Name:.....

Trading Name: .....

ABN (Australian Business Number): \_\_\_\_\_

ACN (Australian Company Number): \_\_\_\_\_

Does the Organisation use Firearms?                      YES                      NO

If YES you must include a copy of both personal and company Firearms Licenses.

Number of years in business: ..... Years

Number of Employees: .....Employees

Have you ever belonged to another Security Approved Association :                      YES                      NO

If yes which Association? .....

## Contact information

Company Director:

Title (circle): Mr / Ms / Miss / Mrs    First Name: .....    Family Name: .....

Authorised Representative:

Title (circle): Mr / Ms/ Miss / Mrs    First Name: .....    Family Name: .....

Postal Address: .....

Suburb: ..... State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Street Address: .....

Suburb: ..... State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address:.....

Web Site (if Applicable): .....

Master License Number (if one is already held): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you already hold a Master License please include a copy of this document. If you do not hold a Master License the BSCAA allows 60 days after your membership has been approved in order for you to apply for, obtain and supply a copy of your Master License to the BSCAA.

Close Associates (Directors/Partners– if more than 3 please attach list on a separate page):

1.	
2.	
3.	

Other Companies (Please list other security companies the owner/director owns/directs– if more than 3 please attach list on a separate page)

1.	
2.	
3.	

### Services Provided

- GUARDS                       SURVEILLANCE                       ACCREDITED SECURITY TRAINING
- PATROLS                       ELECTRONIC INSTALLATION                       ALARM INSTALLATION
- ALARM RESPONSE                       LOCKSMITH SERVICES                       CENTRAL MONITORING SERVICES
- CROWD CONTROL                       CASH/VALUBLES ESCORTS                       SECURITY GRILLS/FENCES/DOORS
- GUARD DOG SERVICES                       OTHER (please specify).....

### Annual Subscription

	Master Licence Class	Annual Subscription (incl. GST)
<input type="checkbox"/>	MA - Self employed with no other persons provided	\$240
<input type="checkbox"/>	MB - Provide no more than 3 persons	
<input type="checkbox"/>	MC - Provide between 4 and 14 persons	
<input type="checkbox"/>	MD - Provide between 15 and 49 persons	\$490
<input type="checkbox"/>	ME - Provide 50 or more persons	



ABN 13 033 709 955

sydney, melbourne, brisbane, adelaide, perth, canberra, hobart  
www.bscaa.com

## Declaration

By signing this form I acknowledge that my details - name, address, telephone, fax and email and name of the authorised company representative - may be made available to members, authorised supplier members of the BSCAA and recognised industry publications and industry regulatory bodies.

I hereby certify that all the information I have supplied is true and accurate.

Authorised representative: Name (print) .....

Signature .....

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Resignation of a membership

Subject to Rule 9.2 any Member who has paid all amounts payable by the Member to its Division and/or the Association in respect of its membership may resign from the membership of its Division by giving notice to the Division Executive Director/Officer in writing of a least one month of its intention to resign its membership of the Division and such resignation shall take effect immediately upon expiry of the period of notice. Any Member who resigns its membership of a Division(s) also resigns its membership as a Member of the Association. Resignation of a Member under Rule 9 does not entitle the Member to any refund of fees, subscriptions, levies or other amounts paid by the Member to a Division and/or the Association.

## Payment Details

I enclose a cheque for \$.....

Please debit my credit card for \$.....

Card number:  Visa  MasterCard

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_

Cardholders' name: .....

Signature: .....

I have authorised a direct credit to the BSCAA bank account

Account details: NAB  
BSB - 082 212  
Account Number - 89 383 2014

Amount \$.....

Please ensure that you have completed all fields and included all supporting documentation before submitting your BSCAA NSW Security Division membership application form. Please note, subscription payments are non refundable.

Applications can be submitted by the following methods:

- Fax: (02) 9906 8146
- Email: admin@bscaansw.com.au
- Post: PO Box 554, Crows Nest NSW 1585
- In person (please call first to make an appointment): 3/139 Alexander Street, Crows Nest NSW 2065