



# MEMBERSHIP APPLICATION/RENEWAL

## BSCAA NSW SECURITY DIVISION

*Our mission is to provide industry development, training, advice on industrial relations and industry specific best practice and to promote our industry and our members' interests to the community.*

### **Application Checklist**

**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 a **current Master License**
- Evidence of **current Public Liability insurance**
- Evidence of **current Workers Compensation** 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.*

Please return this completed form, along with your accompanying documents via:

**Email:** [bscaansw@bscaa.com](mailto:bscaansw@bscaa.com)  
**Post:** PO Box 576, Crows Nest, NSW 1585  
**Fax:** 02 9431 8677

PO Box 576 Crows Nest NSW 1585  
Tel: 02 9431 8674 | Fax 02 9431 8677  
Email: [bscaansw@bscaa.com](mailto:bscaansw@bscaa.com) | Website: [www.bscaa.com](http://www.bscaa.com)



## 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 License.

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

Number of Employees (including full/part-time, casual & subcontractors): .....

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

If yes which Association? .....

## Services Provided

Guards

Patrols

Alarm Response

Crowd Control

Guard Dog Services

Surveillance

Electronic Installation

Locksmith Services

Cash/Valuables Escorts

Accredited Security Training

Alarm Installation

Central Monitoring Services

Security Grills/Fence/Doors

Other (please specify):

.....



# Contact information

## Company Director:

Title (please circle): Mr / Ms / Miss / Mrs

First Name: .....

Family Name: .....

## Authorised Representative:

Title (please 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 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	

## Subscriptions

The annual subscriptions payable by Members shall be determined from time to time by the National Board and is payable to the Division in which the company is a member. All subsequent annual subscriptions shall be due and payable on a date determined by the Board and communicated to the member by the Executive Director in each Division.

Master License Class	Subscription (inc. GST)	Please tick appropriate category
<b>Security Master License Class (MA)</b> <i>Self Employed/3 persons or less</i>	\$240.00	
<b>Security Master License Class (MB)</b> <i>4-14 persons</i>	\$240.00	
<b>Security Master License Class (MC)</b> <i>15-49 persons</i>	\$490.00	
<b>Security Master License Class (MD)</b> <i>50+ persons</i>	\$490.00	



## Declaration & Acknowledgement of Membership

- 1) 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.

Company owner/manager: .....

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

Please note there is a non-refundable application fee of \$45.00 to be paid on application with membership fees.

- Cheque:** I enclosed a cheque for \$.....
- Direct Credit:** 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 you advise your company name when making a direct credit so your deposit can be identified.

- Credit/Debit Card:** Please debit my credit card for \$.....

Card type (please tick): Visa  MasterCard

Card number:

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

Expiry date: \_\_\_\_ / \_\_\_\_ CVV Number (3 digits code on back of card): \_\_\_\_\_

Cardholders' name:

.....

Signature: .....

**Please ensure that you have completed all fields 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 9146
- Email: [bscaansw@bscaa.com](mailto:bscaansw@bscaa.com)
- Post: PO Box 576, Crows Nest NSW 1585
- In person (please call first to make an appointment): Level 3, 33-35 Atchison Street, Crows Nest NSW 2065

Please call the office on 02 9431 8674 should you have any questions regarding your application.

PO Box 576 Crows Nest NSW 1585  
Tel: 02 9431 8674 | Fax 02 9431 8677  
Email: [bscaansw@bscaa.com](mailto:bscaansw@bscaa.com) | Website: [www.bscaa.com](http://www.bscaa.com)