



## Membership Application Form

Membership Type: Ordinary  
\$200.00

Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Registered Trading Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Mobile: \_\_\_\_\_

Are you currently applying for a Qld Security Firms licence and require membership to apply YES / NO

Security Firms Licence Class \_\_\_\_\_ Licence Number \_\_\_\_\_ Expiry \_\_\_\_\_

Individual Security Licence Number \_\_\_\_\_ Expiry \_\_\_\_\_

Registered Cabling Licence Number \_\_\_\_\_ Name of Registrar \_\_\_\_\_

Please List ALL services provided by your company:

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

**Please attach copies of the following documents:**

- Public Liability Insurance Certificate of Currency
- Professional Indemnity Insurance Certificate of Currency
- ABN/Business Name Registration
- Workers Compensation Insurance Certificate of Currency
- Certificate of Incorporation
- List of Company Directors/Partners (including address)
- Security Licences of Company and all directors
- Cabling and security licences of security installers and contractors

I authorize ESA to obtain from credit reporting agencies, credit reports for individuals and/or companies. I also authorize ESA to carry out an inspection of premises, business systems, installations and conduct relevant interviews to ascertain my/our suitability for membership.

I/We agree to be bound by the constitution of the ESA, it's code of practice, policies and procedures and the relevant acts pertaining to licencing of security firms and individuals in the states and/or territories in which they transact business.

I declare that the information that is provided in this application is true and correct (must be signed by a director of the company).

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Email to [secretary@esai.org.au](mailto:secretary@esai.org.au)

Or mail to ESAI P.O. Box 341 Lawnton Qld 4501

Phone: 0488 392 828