



The Association of Independent Personal Search Agents

APPLICATION FOR MEMBERSHIP OF IPSA AND/OR IPSA CODE SUBSCRIPTION

Name of applicant:

Company (if applicable):.....

Address of applicant:.....

Tel no:.....

Fax:.....

Mobile:.....

Email:.....

Name of individual who will act as Accreditation Officer:.....

Number of employees:.....

Names of 'Appropriate Individuals' An 'Appropriate Individual' is any person involved in carrying out searches, or any person involved in the management or training of any person carrying out searches, on behalf of your Company:

.....
.....

Number of searches carried out per year:.....

(In case of a new business please provide an estimate)

Statement

I/We wish to apply for **MEMBER / PROVISIONAL MEMBER / CODE SUBSCRIBER ONLY** status

(Delete as appropriate)

Please ensure you have read and understand the requirements for your level of membership

I/We confirm that I/we have read and understand the Code of Practice and/or the Terms and Conditions of IPSA membership and that I/we agree to abide by the rules and principles as set out in the aforementioned documents

I/We confirm that I/we have arranged subscription payments by **monthly standing order/single BACS payment of the annual premium.** (delete as appropriate)

Payments to be made to The Association of IPSA Ltd., Sort Code: 40-45-11, Account No.: 82035367 (HSBC)

Signed.....

Print Name.....

Date:.....

Please return this form to:

The Registrations Officer, IPSA, C/o. 39 Victoria Road, Bridgnorth, Shropshire WV16 4LD (info@psn-shropshire.co.uk)