

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)