

MEMBERSHIP RENEWAL DECLARATION

Please ensure that all relevant sections of this form are completed in full and returned to the Association by 31 December 2020.

Invoices will be raised in January 2021. If you would like to pay your 2021 subscription by quarterly direct debit, and will be doing so for the first time, please complete and return the enclosed direct debit mandate.

MEMBERSHIP WILL BE RENEWED AUTOMATICALLY UNLESS YOU GIVE US SIX MONTHS NOTICE IN WRITING.

YOUR DETAILS

Company Name: _____

Representative's Name: _____

Financial Year End: _____

Company Registration N^o: _____

CERTIFICATE OF TURNOVER*

	Company Turnover £000s		Number of employees	Number of vehicles CVIT Section ONLY
	Home	Export		
Access & Asset Protection				
Asset & Property Marking				
Cash & Valuables in Transit				
Crowd Management				
Information Destruction				
Lone Workers				
Security Equipment Manufacturers (Electronic)				
Security Officer Services				
Security Systems				

Specialist Services				
Training Providers				
Vacant Property Protection				
Video Surveillance Systems (CCTV)				
TOTAL				

*N.B. Turnover is deemed to be the total value of security products and services sold in the last financial year ended on or before 31st December 2020. If the amount of turnover for the relevant financial year is not yet known, please estimate the amount. A final certificate will be requested later when the subscription will be adjusted if necessary.

DATA PROTECTION

I agree to receive communications from BSIA and fellow members
We do not make individual's details available outside the Association

Please tick box if agreeable

DECLARATION (ALL Members)

I, being the duly appointed representative as shown above, hereby certify that the turnover and employee numbers for the stated financial year were as above, and, to the best of my knowledge and belief, the company continues to comply with the rules of the Section(s) of which it is a member. **I agree to give the BSIA six months notice of any intention to resign.**

Signed:

Date:

Purchase Order N°:

Please ensure this is completed if needed by your company

For office use only : Account No.		Invoice No.		Direct Debit	