

The Canadian Society for
Industrial Security Inc.

La Société Canadienne de
la Sûreté Industrielle Inc.



Promoting professional security
leadership through ethics,
standards and education.

Promouvoir la sécurité
professionnelle par l'éthique, les
normes et l'éducation.

The Canadian Society for Industrial Security Incorporated
Société Canadienne de la Sûreté Industrielle Incorporée
P.O. Box 57006, Jackson Station, 2 King Street West
Hamilton • Ontario • L8P 4W9

TEL: (905) 853-6523 / (800) 461-7748

FAX: (905) 972-0404

courrier électronique / e-mail: inquiries@csis-scsi.org

Site Internet / Home Page: www.csis-scsi.org

MEMBERSHIP APPLICATION

Membership in The Canadian Society for Industrial Security provides:

1. a **CANADIAN** national forum where views, programs, projects, activities, events and research initiatives come together to help create, influence or change security and related legislation, regulations, standards, policy and operating procedures;
2. the opportunity to be actively involved in the development and future of **security professionals in CANADA**;
3. the opportunity to attain full **ACCREDITATION** and the designation of **Accredited Security Professional (ASP)**, in **Canada**;
4. a **Canadian national network** of security professionals creating a “help-line” for members; an **annual membership directory on-line**.
5. the opportunity to apply, at reduced rates, for **Certification and other CSIS professional development programs**;
6. an annual opportunity to attend, at reduced rates, a **CANADIAN national seminar**, bringing together the people, products and information which are directly pertinent to your profession;
7. attend, at reduced rates, **local chapter meetings** where the members in your area gather to discuss issues.
8. a free subscription to Canada's leading security publications: **Canadian Security Magazine and Security Matters**.

CODE OF ETHICS

AS MEMBERS of this Society we share the responsibility for maintaining the integrity and trust of the security profession in discharging this responsibility, therefore, we agree that:

I

We will observe the principles and standards of excellence in the performance of our professional duties.

II

We will support our lawful institutions to the best of our ability.

III

We will be impartial and fair in the discharge of our duties in keeping with ethical practices.

IV

We will observe the precepts of truth and accuracy.

V

We will respect and protect confidential and privileged information.

VI

We will promote programs and systems to raise the standards of the security profession.

VII

We will work toward the achievement of the professional objectives of the Society.

MEMBERSHIP APPLICATION

MEMBERSHIP and DUES:

() **INDIVIDUAL (non-transferable) Annual dues: \$137.50 Initiation fee: \$50 TOTAL: \$211.88**

NOTE: Total price includes HST.

All applications must be fully completed for proper processing and payment must be included with this application.

APPLICANT INFORMATION:

FULL NAME: _____ TITLE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL CODE/ZIP: _____

Telephone : () _____ Fax: () _____

Email address: _____ Designation(s): _____

REFERENCE: Please provide a character reference that can be contacted by us:

NAME: _____ TITLE: _____

Telephone: () _____

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes _____ No _____

(If yes, please provide explanation on a separate sheet outlining the details)

DECLARATION

I have read the Code of Ethics and hereby agree to abide by them as well as the Bylaws and Constitution. The appropriate payment is attached and will be returned if membership is not approved. I authorize the verification of all information in this application and release all concerned from any liability in connection herewith.

DATE: _____

Signature of Applicant/Company Representative

METHOD OF PAYMENT (no cash please) Cheque American Express VISA Mastercard Money Order

Card# _____ - _____ - _____ Expiry Date: _____

TO EXPEDITE PROCESSING, RETURN THE APPLICATION TO:



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(FOR REGIONAL COUNCIL USE ONLY)

ENDORSEMENT:

(Administration) _____

(Date) _____