

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

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Site Internet / Home Page: [www.csis-scsi.org](http://www.csis-scsi.org)

## STUDENT 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 apply and attain Certification as a Certified Security Officer (CSO) or Certified Security Supervisor (CSS), in **Canada**;
4. the opportunity for you to begin to develop your own network by meeting security professionals at local chapter meetings and other Society events;
5. a reduction in 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 of up to 50%, **local Chapter meetings** where the members in your area gather to discuss issues.
8. free paid subscriptions 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.

**Student MEMBERSHIP APPLICATION**

*Membership dues are directly proportionate to the term of study the applicant is enrolled for.*

( ) 1 YEAR law/security or related program (1 year membership) DUES: \$40.00 TOTAL: \$45.20\*

( ) 2 year law/ security or related program (2 year membership) DUES: \$75.00 TOTAL: \$84.75\*

( ) 3 year law/security program (2 year and post graduate) (3 year membership) DUES: \$110.00 TOTAL: \$124.30\*

**NOTE: All total prices include HST. \*Proof of enrollment in a law/security or related program is required.**

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

**APPLICANT INFORMATION:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Telephone:( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Name of College: \_\_\_\_\_ TYPE of Program: \_\_\_\_\_

Address : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Program Coordinator: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Have you ever been convicted of a criminal offense for which a pardon was not 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

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

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ . Expiry date: \_\_\_\_\_ .

**TO EXPEDITE PROCESSING, RETURN THE APPLICATION TO:**

The Canadian Society for Industrial Security Inc. La Société Canadienne de la Sûreté Industrielle Inc.



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(FOR REGIONAL COUNCIL USE ONLY)

**ENDORSEMENT:**

(National Administration) \_\_\_\_\_

(Date) \_\_\_\_\_