



Please mail or email completed application to:

**IOBSE**  
**2340 Powell Street #327**  
**Emeryville, CA**  
**94608 OR**  
[IOBSE@yahoo.com](mailto:IOBSE@yahoo.com)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMPLOYMENT**

Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_ How Long? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been convicted of a crime other than a misdemeanor, traffic violation in the last (7) years?

Yes  No

If yes, please attach an explanation to this application.

**EDUCATION**

Highest degree completed:

High School  College  Graduate School

Institution: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_ Date: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

List your area of expertise/specialty: \_\_\_\_\_

Are you bilingual?  Yes  No

If yes, indicate whether or not you read, or write a second language

fluently. Read?  Yes  No Write?  Yes  No

Do you possess any certifications?  Yes  No

Date Awarded: \_\_\_\_\_

Date Awarded: \_\_\_\_\_

Date Awarded: \_\_\_\_\_

If applying for a student membership, please complete the following:

Name of College or University Attending: \_\_\_\_\_

Class Level:  Freshman  Sophomore  Junior  Senior  Graduate

Major: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**PROFESSIONAL MEMBERSHIP**

Are you member of the American Society for Industrial Security?

Yes  No Membership # \_\_\_\_\_

Are you Certified Protection Professional?  Yes  No

IOBSE Membership Status Requested:  Active  Associate  Student  
\$100 \$75 \$25

**SCHOLARSHIP FUND**

Scholarship contributions help build the scholarship funds for deserving students. IOBSE conducts educational workshops at a designated college annually. Your contribution may be tax deductible and will be used solely for scholarships.

\$25       \$50       \$75       \$100       Other:

**Method of Payment:**

Check    Money Order    Visa    MasterCard    American Express

Cardholder's Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Dues: \_\_\_\_\_ Scholarship: \_\_\_\_\_

**Total Payment Submitted:** \_\_\_\_\_

**Membership Dues**

Annual dues payment covers one calendar year. Membership expires on December 31st of each year. Applications accepted prior to September 1 of each year, membership will expire on December 31 of same year. Applications accepted after September 1 of each year, membership will be good until December 31 of the following year.

**CERTIFICATION**

I hereby certify that the above statements are true to the best of my knowledge and are made in good faith. Any omission of information or false statements made by me on this application constitutes grounds for dismissal of membership once accepted. I agree to abide by the By-Laws and Policy & Procedure guidelines of the IOBSE, and will act in a professional manner when representing the organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_