



# MISA Application/Renewal/Change of Information Form

P. O. Box 331  
Kingsville, MD 21087

Phone: 410-692-2878  
Toll free: 1-877-884-5448  
Fax: 410-828-7234  
Email: inquiry@misahq.com

Web: <http://www.misahq.com>

**DO NOT FAX unless used for credit card payment for new or renewal application or change of information**

MAIL COMPLETED FORM ALONG WITH DUES/DONATIONS TO THE MISA OFFICE.

- Donation to Lobbying Fund. Check enclosed for \$\_\_\_\_\_. Check # \_\_\_\_\_
- New Applicant Check # \_\_\_\_\_ V, MC, AM. EX. Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Renewal Check # \_\_\_\_\_ V, MC, AM. EX. Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Change of Current Member' Information

**ACTIVE MEMBER - Agency Licensee - state of \_\_\_\_\_ \$125/1 year \$220/2 yr. \$300/3 yrs.\***

Agency License # \_\_\_\_\_ Date Issued: \_\_\_\_\_

**SUSTAINING MEMBER - Security Guard \$15/1yr.**

**ASSOCIATE MEMBER - Sponsored Employee \$75/1 yr. \$135/2 yrs. \$180/3 yrs.\***

**AFFILIATE MEMBER - Sponsored Professional or Vendor \$150/1 yr. \$270/2 yrs. \$360/3 yrs.\***  
\*\*Includes one free ad in MISA Messenger per year.

**NON-MARYLAND LICENSE APPLICANTS** - Submit photocopy of agency license. Provide name and phone number of your License issuing/ Regulatory Agency: \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**I. D. Card #** \_\_\_\_\_ **Agency or Corporate Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

Please add me to the MISA email group.  Licensed in other states. List: \_\_\_\_\_

I will support and abide by the Code of Ethics of the Maryland Investigators and Security Association, Inc.

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

**\*Sponsor Name:** \_\_\_\_\_

**MISA USE ONLY:**  Verified  Approved  Denied **Reason:** \_\_\_\_\_