

MISA Application/Renewal/Change of Information Form



MAIL COMPLETED FORM ALONG WITH DUES/DONATIONS TO THE M.I.S.A. OFFICE:
P.O. BOX 6477, BALTIMORE, MD 21230

Phone: 410-692-2878 Toll free: 1-877-884-5448 Fax: 443-263-3009 Email: inquiry@misahq.com www.misahq.com
DO NOT FAX UNLESS USED FOR CREDIT CARD PAYMENT FOR NEW OR RENEWAL APPLICATION OR CHANGE OF CREDIT CARD INFORMATION

- Donation to Lobbying Fund. Check enclosed for \$_____. Check # _____
- New Applicant Check # _____ V MC AMEX Credit Card # _____ Exp. Date _____
- Renewal Check # _____ V MC AMEX 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: