

MISA Application/Renewal/Change of Information Form



P. O. Box 4634, Crofton, MD 21114 Phone: 443-758-0256 Fax: 410-721-8506
Email: Inquiry@misahq.com Website: 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 Member or Renewal Membership? (Circle one)
- Check # _____ V, MC, AM, EX. Credit Card # _____ Exp. Date _____
- Security /CVV CODE _____ Zip code for Card's Billing address _____
- ACTIVE MEMBER - Agency Licensee - state of _____ \$75/1 year \$140/2 yr. \$200/3 yrs.***
Agency License # _____ Date Issued: _____
- ASSOCIATE MEMBER - Sponsored Employee \$50/1 yr. \$90/2 yrs. \$135/3 yrs.***
- AFFILIATE MEMBER - Sponsored Professional or Vendor \$75/1 yr. \$150/2 yrs. \$225/3 yrs.***

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/Corporate Name:** _____

Address: _____

City: _____ **State:** _____ **County:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

Email Address: _____ **Website:** _____

Areas of Specialization: _____

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:** _____

MISA USE ONLY: Verified Approved Denied Reason: _____
Form A 10/13