

VENTURA COUNTY SECURITY ASSOCIATION

Membership Application - 2007

Company Name: _____
 Street Address: _____
 City, State, Zip: _____
 Mailing Address: _____
 Phone: _____ Corporate Web Site: _____
 Fax: _____

Membership Type:
 Company / Corporation
 Municipal Organization
 Individual

What is the primary purpose of your organization? _____

Please register those who can represent your organization:

1.				
	Name	Title	Phone No.	E-mail
2.				
	Name	Title	Phone No.	E-mail
3.				
	Name	Title	Phone No.	E-mail

The **VENTURA COUNTY SECURITY ASSOCIATION** is a working coalition. It does not collect membership fees, but does require active participation from member organizations.

As a condition of membership organizations agree to:

- 1) Abide by the VCSA Code of Ethics
- 2) Have representation at a minimum of 60% of Association meetings
- 3) Acknowledge the obligation of fidelity to the client's interest is primary, but it does not relieve the member of the obligation to support all lawful endeavors to determine the true facts and render honest, unbiased reports.

Print Name

Title

✘

Signature

Date

Please fax completed application to the Ventura County Security Association at **(805) 529-5378**
 OR mail to **VCSA 6457 E. Westwood Street, Moorpark, CA 93021**