



# ASSIST

ASSOCIATED SECURITY SERVICES AND  
INVESTIGATORS OF THE STATE OF TEXAS, INC.

## ASSOCIATE MEMBERSHIP APPLICATION

Check all that apply

☐ NEW MEMBER ☐ RENEWAL

**This is a non voting membership application**

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

**Region:** (circle one) Alamo / Central / El Paso / Gulf Coast / North Texas / Rio Grande Valley

Company TPSB License # \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Insurance Beneficiary *Associate Members only* \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

☐ Associate Member ..... \$25.00

*Full payment of membership dues must be submitted with this form.*

All dues are paid annually

Enclose Payment Total \$ \_\_\_\_\_

*Please make check payable to **ASSIST***

**Please mail payments to:**

ASSIST

Attn: Member Services

3300 Bee Caves Road, Suite 650-119

Austin, TX 78746

I Understand that ASSIST dues are due annually and that a \$25 late fee will apply to all renewing memberships submitted after 60 days of the due date.

\_\_\_\_\_  
*Associate Member Signature*

\_\_\_\_\_  
*Date*

If you have any questions, please contact **Norma Foley**, Member Service Director / ASSIST  
at 832-274-1079 or via email: [memberservices@assistentexas.org](mailto:memberservices@assistentexas.org)