



ASSIST

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

VENDOR 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 _____

☐ Vendor Member \$250.00

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.

Vendor Member Signature

Date