



ASSOCIATED SECURITY
SERVICES AND INVESTIGATORS
OF THE
STATE OF TEXAS

VENDOR APPLICATION

Check one: NEW MEMBER RENEWAL

First _____ Last _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

Briefly describe the products you provide _____

What is your advertising budget? _____

Would you like to serve on any committees? Yes No If yes, which ones _____

Would your company be interested in becoming part of our member discount program? Yes No

PAYMENT OF MEMBERSHIP DUES Dues are paid in full annually and must be submitted with this form.

<input type="checkbox"/> Vendor	\$250.00
Enclose Payment Total	\$ _____

Please make check payable/mail payment 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 Signature _____ Date _____

If you have any questions, please contact ASSIST at 832-274-1079 or via email: admin@assisttexas.org