



Associated Detectives & Security Agencies of Illinois, Inc.
Mr. Robert Rusch
10006 S. Campbell
Chicago IL 60655
Phone: 312-296-9506

MEMBERSHIP APPLICATION

Category: Active – Associate (Please Circle One)

Date _____

Are You a Prior Member? Yes No (Please Circle One) **Year Last Active:** _____

Applicant's Name: _____ **DOB:** _____

Agency Name: _____

Business Address: _____

Business Phone: _____ **Fax:** _____ **800:** _____

Number of Employees? _____ **County:** _____

Is Business an Assumed Name? Yes – No (Please Circle One), If Yes Is it Registered in Your County and with the Department of Financial & Professional Regulation? Yes – No (Please Circle One)

Type of Business: Corporation – Partnership – Sole Proprietor (Please Circle One)

Type of Services Offered: Security – Investigations – Both (Please Circle One)

Type of License(s) Held and Give License Number: (Please Circle Those That Apply)

Private Detective # 115- _____

Private Detective Agency # 117- _____

Private Security Contractor # 119- _____

Private Security Contractor Agency # 122- _____

Date Associated with Above: _____

Have You Personally or Your Agency Ever Had Action Taken Against a License or Is There Now Action Pending?
Yes No Please Circle one),

If Yes, Please Explain on the Back Side or on Another Piece of Paper If Necessary and Include That Paper with Application.

Home Address: _____

Home Phone: _____

List Previous Employment or Business Experience past Five Years:

List State Disciplinary Action Taken Against You/agency:

List Specialties You Would like Listed in Membership Directory:

Business Web Site: _____

Business E-mail: _____

I Certify That, to the Best of My Knowledge, the Facts Contained Herein Are True and Complete. I Understand That the Information Supplied Will Be Investigated for Truthfulness and That, If Accepted, Falsified Statements on this Application Shall Be Grounds for Expulsion. I Authorize the Investigation of All Statements Contained Herein and Prior Employer’s Listed Are to Cooperate in Giving Any and All Information Concerning My Previous Employment

along with Any Pertinent Information They May Have, Personal or Otherwise, and I Release All Parties from Any Liability for Any Damages That May Result from Them Furnishing Same to the Associated Detectives of Illinois, Inc.

Signature: _____ **Date:** _____

Sponsor: _____ **Date:** _____

(This Application must Be Signed by a Member Sponsorer or the Membership Committee Chairperson)
Information Investigated? Yes – No

Membership Approved? Yes – No _____

Membership Chairperson’s Signature _____

“A Corporation Organized Not for Pecuniary Profit, but for the Betterment of the Investigative/Security Professions”

01/25/2017