



REGISTRATION FORM FOR PRIVATE COMPANIES

Please complete using black typescript or BOLD CAPITALS:

Member number (office use only):

Company name	
Organization type	
State	
City	
Postal code	
Principal place of business	
Mailing address	
Telephone number	
Fax number	
Web site	
E-mail	
Number of employees	
Name of contact person	

In addition, please send us your company's logo in jpeg format, to e-mail:
info@bps-association.org

Presenter details

I hereby certify that all statements are correct and complete. I understand that I may have to provide documentation at some future date to substantiate my claim and that any misrepresentation of this data may result in cancellation of my admission or registration status.

Full Name	
Date	
Signature	

Please fax this form to fax number: +972-9-9574377

International Bodyguard, Police & Security Association

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