



REGISTRATION FORM FOR INDIVIDUALS

Please complete using black typescript or BOLD CAPITALS:

Member number (office use only):

| | |
|-------------------------|---------------|
| Surname | |
| First name | |
| Gender | Male / Female |
| Marital status | |
| City | |
| Postal code | |
| Country | |
| Passport number | |
| Date of birth | |
| Telephone number | |
| Mobile telephone number | |
| E-mail | |
| Course name | |
| Course number | |

In addition, please send a passport photo in jpeg format to e-mail:

info@bps-association.org

Declaration of lack of criminal record

I, the undersigned, hereby confirm that I have no criminal record and that I have not been convicted of any crime before a court of law.

I hereby declare that I have not committed and/or was not an accessory to any criminal act in the past.

I know and accept that should I commit or participate in any criminal act whatsoever during my membership in the association, the association shall be entitled to revoke my membership forthwith.



Declaration of Health

I understand that some of the training will involve physical activity, for which I must be in good health.

I declare I am in good health and fit to participate in a B.P.S course.

Have you ever been treated for any substance abuse or addiction? Yes No

For women: Are you pregnant? Yes No

Are you receiving medical treatment at present? Yes No

If yes, please provide details in brief: _____

I undertake to inform the B.P.S. Association of any change in my physical condition.

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

| | |
|-----------|--|
| Full Name | |
| Date | |
| Signature | |



QUESTIONNAIRE FOR APPLICANTS

In order to enable us to offer you services that are most suitable for your specific needs, please complete the following questionnaire:

1. How would you describe your physical fitness level?

- a. Low
- b. Moderate
- c. High

2. What, if any, does your security background include?

- a. No background whatsoever
- b. Military service
- c. Service in a police unit
- d. Service in a governmental or private security unit
- e. Other: _____

3. Have you ever participated in a training course within the framework of other associations or bodies? Yes / No

If yes, please specify: _____

4. Do you have prior experience in operating and firing a pistol? Yes / No

If yes, please specify: _____

5. Do you have prior experience in martial arts? Yes / No

If yes, please specify: _____

6. Which languages do you speak?

- a. English
- b. French
- c. Spanish
- d. Italian
- e. Russian
- f. Other: _____

7. How did you hear about B.P.S.?

- a. From a colleague / friend
- b. From an organization that I belong to
- c. From the B.P.S. website
- d. Other: _____

Please fax this form to fax no. +972-9-9574370

International Bodyguard, Police & Security Association

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