

VAISS VERMONT ASSOCIATION OF INVESTIGATORS AND SECURITY SERVICES

2008 Membership Application/Renewal Form

Applicant: _____

Check one:
Investigator QA _____ Investigator _____ INV/SG QA _____ Security officer _____

Agency
Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web-Site _____

Cell Phone _____

Mailing address (if different)

Professional License
Number _____ State _____

Membership type (check one)
Active _____ (\$75) Associate (\$50) _____ Affiliate-vendor
(\$150) _____

Amount enclosed: \$ _____ (Check Payable to VAISS)

Mail completed form and dues to:
Nancy Stevens, 887 Downingville Rd., Lincoln, VT 05443-9143

-----Do not write below this line-----

Approved _____ Denied _____ Date _____ member

Reason for
denial _____