



# MISA Application/Renewal/Change of Information Form

P.O. Box 1053 MT Airy, MD 21771 Phone: 410-645-0428  
Email: [Inquiry@misahq.com](mailto:Inquiry@misahq.com) Website: [www.misahq.com](http://www.misahq.com)

MAIL COMPLETED FORM ALONG WITH DUES/DONATION TO THE MISA OFFICE

- Donation to Lobbying Fund. Check enclosed for \$ \_\_\_\_\_. Check # \_\_\_\_\_
- New Member or Renewal Membership? (Circle One) Check # \_\_\_\_\_
- ACTIVE MEMBER – Agency License – state of \_\_\_\_\_ \$75/1 yr. \$140/2 yr. \$200/3 Yr.**  
Agency License # \_\_\_\_\_ Date Issued: \_\_\_\_\_
- ASSOCIATE MEMBER – Sponsored Employee \$50/1 yr. \$90/2 yrs. \$135/3 yrs.**
- AFFILIATE MEMBER – Sponsored Professional or Vendor \$75/1 yr. \$150/2 yrs. \$225/3 yrs.**

**NON-MARYLAND LICENSE APPLICANTS** – Submit photocopy of agency license. Provide name and phone number of your Licensing issuing/ Regulatory Agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PRINTE NAME:** \_\_\_\_\_

**I.D. Card # \_\_\_\_\_ Agency/Corporate Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Areas of Specialization:** Security \_\_\_\_\_ Investigations \_\_\_\_\_ Forensics \_\_\_\_\_ Other: \_\_\_\_\_ Describe below.

\_\_\_\_\_  
 **Please add me to the MISA email group.** **Licensed in other states. List:** \_\_\_\_\_

I will support and abide by the Code of Ethics of the Maryland Investigators and Security Association, Inc.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**MISA USE ONLY:** \_\_\_ Verified \_\_\_ Approved \_\_\_ Denied: Reason: \_\_\_\_\_

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