



# APPLICATION FOR MEMBERSHIP

*Include copies of all required licenses. Upon receipt of application and license(s), your membership will be considered for approval. Dues vary from state to state. For more information contact the ESA Membership Department at 888-447-1689 or email membership@alarm.org*

*Company:		
*Shipping Address:		Suite:
*City:	*State:	*Zip Code:
*Mailing Address:		Suite:
*City:	*State:	*Zip Code:
*Company Phone:	*Company Fax:	
Company Web site:	*Company E-mail:	

Your primary and alternate voting representatives will represent your company in all association voting matters. Representatives provided will receive electronic and printed member communications from the association at the addresses provided below.

*Primary Voting Rep:		*Title:	
*Mailing Address:		*City/State/Zip:	
*Phone:	Fax:	*E-mail:	
Alternate Voting Rep:			Title:
Mailing Address:		City/State/Zip:	
Phone:	Fax:	E-mail:	

**\* Denotes Required Information**

Type of Membership Requested:     Regular     National Company     Public Safety     Affiliate

**Privacy Policy:** ESA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to ESA may be used to send information about ESA programs, events, opportunities, or other useful information. ESA may share contact information with associate members and other companies that offer ESA member benefits and programs. ESA will not share contact information with any other company, group, or organization that is not affiliated with the association for the sole intent of using such information for marketing purposes.

**Fax/E-mail Authorization:** By completing and submitting this application, I hereby authorize ESA to send me pertinent association and industry information via fax transmission at all fax numbers and via e-mail at all e-mail addresses listed on this application. I recognize that such documents include, but are not limited to: billing statements, registration forms, ESA member communications and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.

**Company Data: (Please provide the following details for your member directory listing)**

*Number of Employees: <small>(All full-time employees for alarm operations, including administrative)</small>	*Number of Locations: <small>(including headquarters)</small>	Year founded?	How Did You Hear About ESA?
<b>*What installation services do you offer?</b> <i>(Please check all that apply)</i> <input type="checkbox"/> Intrusion Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Access Control <input type="checkbox"/> Video Surveillance (CCTV) <input type="checkbox"/> Systems Integration <input type="checkbox"/> Home Automation	<input type="checkbox"/> Home Entertainment <input type="checkbox"/> Personal Emergency Response Systems (PERS) <input type="checkbox"/> Repairs & Maintenance  <b>*What monitoring services do you offer?</b> <i>(Please check all that apply)</i> <input type="checkbox"/> Intrusion Alarm	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Access Control <input type="checkbox"/> Two-Way Voice <input type="checkbox"/> Personal Emergency Response Systems (PERS) <input type="checkbox"/> Environmental	<b>*Who are your Customers?</b> <i>(Please check all that apply)</i> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government <input type="checkbox"/> Institutional (Schools)

The undersigned represents all information submitted is accurate; false information may result in denial or revocation of membership. If approved, the undersigned agrees to comply with the ESA bylaws, code of ethics and antitrust statement. ESA may deny membership regardless of any payments submitted. FAX APPLICATION TO: (214) 260-5979

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*ADDITIONAL BRANCH LOCATIONS ONLY\*\***

**Please use as many copies of this form as needed to provide contact information for each branch to receive member benefits and to be included in the ESA member directory.**

Branch Name:		
Branch Address:		Suite/Room:
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Web site:	Number of Employees ( <i>at this location</i> ):	
Branch Contact:	Title:	
Branch Contact E-mail:		

Branch Name:		
Branch Address:		Suite/Room:
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Web site:	Number of Employees ( <i>at this location</i> ):	
Branch Contact:	Title:	
Branch Contact E-mail:		

Branch Name:		
Branch Address:		Suite/Room:
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Web site:	Number of Employees ( <i>at this location</i> ):	
Branch Contact:	Title:	
Branch Contact E-mail:		

Branch Name:		
Branch Address:		Suite/Room:
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Web site:	Number of Employees ( <i>at this location</i> ):	
Branch Contact:	Title:	
Branch Contact E-mail:		

## **This Application serves the following Membership Categories**

### **Regular:**

(Alarm Dealer, Monitoring Station) - may be classified as an Installing Dealer, or a Third Party Monitoring Company. Installing Dealer Regular Members provide installation, repair and/or monitoring of burglar alarms, fire alarms, or other electronic security systems which are consistent with the stated objectives of the association. Third Party Monitoring Company Regular Members who do not install or repair electronic security systems and do provide monitoring of burglar alarms, fire alarms, or other electronic security systems which are consistent with the stated objectives of the association.

### **National Company:**

Shall be open to any company with offices in fifteen (15) or more states and which shall meet the following requirements:

- Provides installation and repair of burglar alarms, fire alarms, or other electronic security systems, which are consistent with the stated objectives of the association;
- A National Company shall become a member of the state chapters in not less than fifty-one percent of those states or regions where there is a CSA and in which the company has an office.

### **Public Safety:**

Shall be open to any member of the police or fire department of any governmental organization, or any governmental agency concerned with law enforcement or fire safety upon the request of their department head.

### **Affiliate:**

Shall be open to any individual or business that does not otherwise qualify for membership under any other membership category, but has the capability of contributing significant value or expertise to the electronic security industry, or provides design, installation, service or monitoring of electronic security systems for its own use and not to either the general public or to alarm dealers.