



APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate Member (State only)

Associate Member (State + Local)

ASSOCIATE MEMBERSHIP: Primary business activity is the manufacture, distributing, or supplying of goods or services to the Regular Members.

Description of business activity - as it relates to the alarm industry: _____

COMPANY INFORMATION

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (_____) _____
 Website: _____
 NY Alarm License #: _____

COMPANY CONTACT

Designated Voting Rep: _____ Title: _____
 Email: _____

DUES SCHEDULE: Total Annual Dues = Local Chapter(s) + NYSESA (For 2020 Membership)

Local Chapter(s) Dues:

<input type="checkbox"/>	CNYAA	\$100	<input type="checkbox"/>	NYSESA	\$100
<input type="checkbox"/>	HMAA	\$100	<input type="checkbox"/>	RASIA	\$100
<input type="checkbox"/>	LIAA	\$400	<input type="checkbox"/>	UNYESA	\$100
<input type="checkbox"/>	MHAA	\$100	<input type="checkbox"/>	WNYESA	\$195

Total Annual Dues:

Total Selected Local (if applicable)	
Chapter(s) Dues =	_____
Total State	+
NYSESA Dues =	\$175
TOTAL DUES =	_____

If applying for Local Chapter(s) Membership - select the desired Local Chapter(s) from the list above – and enter the applicable Local Chapter(s) Dues in the space indicated to the right.

Applicant agrees to abide by all by-laws & code of ethics as adopted by the membership of the NYSESA.

Payment Type: Master Card VISA American Express Check Payable to **NYSESA** _____

Card #: _____ Expiration Date: _____

Card Holder Name: _____ Card Security Code: _____ Card Zip Code: _____

Card Holders signature: _____

Please submit this application and first full year dues payment to the NYSESA at the address listed below.

Membership is not transferable. Dues are not refundable. Membership is based on a calendar year (January 1 thru December 31). New members joining throughout the year will receive a pro-rated credit of their dues applied towards the subsequent year's dues renewal.