



## APPLICATION FOR ASSOCIATE MEMBERSHIP

(Please print or type)

This application must be fully completed in order for a company to be considered for NYSESA membership.

Any sole proprietorship, partnership, corporation or joint venture, shall be eligible for an Associate Membership if it meets the following conditions and qualifications:

1. **ASSOCIATE MEMBERSHIP:** Primary business activity is the manufacture, distributing, or supplying of goods or services to the Regular Members.
2. **NYSESA ASSOCIATE MEMBER (State) DUES** = \$175.00 per calendar year **(For 2018 Membership)**

Description of Applicant Company's business as it relates to the alarm industry: \_\_\_\_\_

### COMPANY INFORMATION:

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Co. Website: \_\_\_\_\_

Multiple Locations – ( ) No ( ) Yes – If Yes, please attach a list of all NY locations.

### COMPANY CONTACT:

Designated Voting Rep: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

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

Payment Type:	Master Card	VISA	AMEX	Check Payable to <b>NYSESA</b>	_____
Card #:	_____			Expiration Date:	_____
Card Holders Name:	_____		Card Security Code:	_____	Card zipcode: _____
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).*