APPLICATION FOR REGULAR MEMBERSHIP

(Please print or type)

Application for combined membership in the NYSESA, your local Chapter and the Electronic Security Association

( ) Regular Member ( ) Regular Applicant Member**

COMPANY INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ FAX: (_____) _____

Co. Website: _____

NY Alarm License #: _____ Year Company Started: _____

Total Number of Locations: _____ *Please attach list of all locations on separate sheet.*

COMPANY CONTACT

Designated Voting Rep: _____ Title: _____

Email: _____

DUES SCHEDULE: Total Annual Dues = Local Chapter(s) + NYSESA + ESA Dues **(For 2017 Memberships)**

Local Chapter Dues: (A)

- ☐ CNYAA = $100
- ☐ HMAA = $100
- ☐ LIAA = $147
- ☐ MHAA = $100
- ☐ NYESA = $100
- ☐ RASIA = $100
- ☐ UNYESA = $100
- ☐ WNYESA = $125

Select Chapter(s) you are applying for membership – if you do not select a chapter we will assign you based on your geographic location…

ESA Dues: (C)

- ☐ 1-5 employees = $258
- ☐ 6-10 employees = $439
- ☐ 11-15 employees = $586
- ☐ 16-25 employees = $805
- ☐ 26-50 employees = $1500
- ☐ 51-100 employees = $1940
- ☐ 101-150 employees = $2817
- ☐ 151+ employees = $3696
- ☐ Multiple Locations = CALL
- ☐ Out of State Co's = CALL

Select TOTAL number of FULL TIME employees ONLY…

TOTAL ANNUAL DUES:

TOTAL Local
Chapter Dues (A) = _____

TOTAL State
NYSESA Dues (B) = **$ 175**

TOTAL National
ESA Dues (C) = _____

TOTAL DUES = _____
(A+B+C) = Regular Memberships

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

** Regular Applicant status means you are currently working towards a NYS License or have applied for a license.

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

Card #:_____Expiration Date: _____

Card Holders Name:_____ Card Security 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 the ESA portion of their dues applied towards the subsequent year's dues renewal.

1971 Western Avenue - PMB # 1105, Albany, NY 12203
(800) 556-9232 (NY) ● (814) 838-0301 (Outside NY) ● (814) 838-5127 FAX