



APPLICATION FOR MEMBERSHIP

Your application will be reviewed by state and national membership committees. Include copies of all required licenses. Upon receipt of application and license(s), your membership will be considered for approval.

Company:		
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.

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

Type of Membership Requested: Regular National Company

How Did You Hear About ESA? _____

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 endorsed programs. ESA will not share contact information with any other company, group, or organization that is not affiliated with or endorsed by 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 and CBF AA 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, **UNLESS otherwise specified below.** I recognize that such documents include, but are not limited to: billing statements, registration forms, ESA/CBF AA communications and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.
Do not send me: fax e-mail.

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

Number of Employees: <i>(All full-time employees for alarm operations, including administrative)</i>	Number of Locations: <i>(including headquarters)</i>	Year founded?	Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
What services do you offer? <i>(Please check all that apply)</i>	<input type="checkbox"/> Home Entertainment <input type="checkbox"/> Telephone Systems <input type="checkbox"/> Proprietary Alarm Systems <input type="checkbox"/> UL-Listed Installations	<input type="checkbox"/> Contract Monitoring UL-Listed <input type="checkbox"/> Own a Central Station <input type="checkbox"/> Own a FM Approved Central Station <input type="checkbox"/> Own a UL-Listed Central Station <input type="checkbox"/> Security Alarm Monitoring <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Video Monitoring	<input type="checkbox"/> Two-Way Voice Monitoring Who are your Customers? <i>(Please check all that apply)</i> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government
INSTALLATIONS <input type="checkbox"/> Security Alarm Systems <input type="checkbox"/> Fire Alarm Systems <input type="checkbox"/> Access Control Systems <input type="checkbox"/> Video Surveillance (CCTV) <input type="checkbox"/> Central Vacuum Systems <input type="checkbox"/> Home Automation	MONITORING <input type="checkbox"/> Contract Monitoring Services <input type="checkbox"/> Contract Monitoring FM Approved		

The undersigned acknowledges that all information provided in this application is true and accurate, and that false information can result in the denial of membership. Upon approval, the undersigned agrees to abide by and subscribe to the bylaws, code of ethics and antitrust statements of the ESA and its Chapters (where applicable). ESA reserves the right to approve or deny membership regardless of any payments received or deposited.
EMAIL APPLICATION TO: Membership@ESAweb.org or FAX APPLICATION TO: (972) 807-6883

Signed: _____ Title: _____ Date: _____

PAYMENT INFORMATION

___ Enclosed is my check made payable to: ESA

Please charge my: ___ Visa ___ MasterCard
 ___ American Express ___ Discover

Name (As it appears on the credit card): _____

Credit Card No.: _____

Card Expiration Date: _____

Credit Card CVV #: _____

Cardholder's signature: _____

Dues are determined by employee size and include membership in the Colorado Burglar & Fire Alarm Association and ESA.

MEMBERSHIP DUES (A)	
___ 1-5	employees = \$506.00
___ 6-10	employees = \$852.00
___ 11-15	employees = \$1,004.00
___ 16-25	employees = \$1,230.00
___ 26-50	employees = \$1,945.00
___ 51-100	employees = \$2,398.00
___ 101-150	employees = \$3,300.00
___ 151+	employees = \$4,207.00

MAIL TO: ESA, 6333 N. State Hwy 161, Suite 350, Irving, TX 75038

Payment of this invoice does not constitute a binding agreement of membership. If, for any reason, your membership is denied, your dues will be refunded in full.