



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 2019 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 NYSESA	_____
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).