

New York Burglar & Fire Alarm Association

234 Hudson Avenue

PMB # 9401

Albany, NY 12210

(800) 556-9232 (NY) • (814) 838-0301 (Outside NY) • 814-838-5127 FAX



APPLICATION FOR REGULAR MEMBERSHIP

(Please print or type)

Application for membership in the NY Burglar & Fire Alarm Association, your local NYBFAA Chapter and the Electronic Security Association

() Regular Member

() Regular Applicant Member**

() Associate Member*

COMPANY INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Co. Website: _____

NY Alarm License #: _____ Tax ID #: _____

Year Company Started: _____ Total Number of Other Locations: _____

Please attach list of multiple locations on separate sheet.

COMPANY CONTACT:

Voting Rep to NYBFAA: _____ Title: _____

Email: _____

DUES SCHEDULE: Total Annual Dues = Local Chapter(s) + NYBFAA + ESA Dues (For 2012 Memberships)

<p>Local Chapter Dues: (A)</p> <p><input type="checkbox"/> CNYAA = \$100</p> <p><input type="checkbox"/> HMAA = \$100</p> <p><input type="checkbox"/> LIAA = \$147</p> <p><input type="checkbox"/> MHAA = \$100</p> <p><input type="checkbox"/> NYESA = \$100</p> <p><input type="checkbox"/> RAA = \$100</p> <p><input type="checkbox"/> UNYADA = \$100</p> <p><input type="checkbox"/> WNYAA = \$125</p> <p><i>Select Chapter(s) you are applying for membership – if you do not select a chapter we will assign you based on your geographic location...</i></p>	<p>ESA Dues: (C)</p> <p><input type="checkbox"/> 1-5 employees = \$228</p> <p><input type="checkbox"/> 6-10 employees = \$390</p> <p><input type="checkbox"/> 11-15 employees = \$520</p> <p><input type="checkbox"/> 16-25 employees = \$715</p> <p><input type="checkbox"/> 26-50 employees = \$1333</p> <p><input type="checkbox"/> 51-100 employees = \$1723</p> <p><input type="checkbox"/> 101-150 employees = \$2503</p> <p><input type="checkbox"/> 151+ employees = \$3283</p> <p><input type="checkbox"/> Multiple Locations = CALL</p> <p><input type="checkbox"/> Out of State Co's = CALL</p> <p><i>Select TOTAL number of FULL TIME employees ONLY...</i></p>	<p>TOTAL ANNUAL DUES:</p> <p>TOTAL Local Chapter Dues (A) = _____</p> <p>TOTAL State NYBFAA Dues (B) = \$ 175</p> <p>TOTAL National ESA Dues (C) = _____</p> <p>TOTAL DUES = _____ (A+B+C) = Regular Memberships</p> <p><small>* Associate Membership does not include membership in ESA (A+B only)...</small></p>
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Applicant agrees to abide by all by-laws & code of ethics as adopted by the membership of the NYBFAA.

** 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 NYBFAA _____
Card #: _____	Expiration Date: _____
Card Holders Name: _____	
Card Holders signature: _____	

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