



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** () Associate 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

Voting Rep to NYSESA: _____ Title: _____
 Email: _____

DUES SCHEDULE: Total Annual Dues = Local Chapter(s) + NYSESA + ESA Dues (For 2014 Memberships)

<p>Local Chapter Dues: (A)</p> <p><input type="checkbox"/> CNYAA = \$100 <input type="checkbox"/> HMAA = \$100 <input type="checkbox"/> LIAA = \$147 <input type="checkbox"/> MHAA = \$100 <input type="checkbox"/> NYESA = \$100 <input type="checkbox"/> RASIA = \$100 <input type="checkbox"/> UNYESA = \$100 <input type="checkbox"/> WNYESA = \$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 = \$235 <input type="checkbox"/> 6-10 employees = \$402 <input type="checkbox"/> 11-15 employees = \$536 <input type="checkbox"/> 16-25 employees = \$736 <input type="checkbox"/> 26-50 employees = \$1373 <input type="checkbox"/> 51-100 employees = \$1775 <input type="checkbox"/> 101-150 employees = \$2578 <input type="checkbox"/> 151+ employees = \$3381 <input type="checkbox"/> Multiple Locations = CALL <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 NYSESA Dues (B) = <u>\$ 175</u></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 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 Holders signature: _____	

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

234 Hudson Avenue - PMB # 9401, Albany, NY 12210
 (800) 556-9232 (NY) • (814) 838-0301 (Outside NY) • (814) 838-5127 FAX