



## 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 2018 Memberships)

<p><b><u>Local Chapter Dues: (A)</u></b></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 <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><b><u>ESA Dues: (C)</u></b></p> <input type="checkbox"/> 1-5 employees = \$266 <input type="checkbox"/> 6-10 employees = \$452 <input type="checkbox"/> 11-15 employees = \$604 <input type="checkbox"/> 16-25 employees = \$830 <input type="checkbox"/> 26-50 employees = \$1545 <input type="checkbox"/> 51-100 employees = \$1998 <input type="checkbox"/> 101-150 employees = \$2900 <input type="checkbox"/> 151+ employees = \$3807 <input type="checkbox"/> Multiple Locations = CALL <input type="checkbox"/> Out of State Co's = CALL <i>Select TOTAL number of FULL TIME employees ONLY...</i>	<p><b><u>TOTAL ANNUAL DUES:</u></b></p> <p>TOTAL Local  <b>Chapter Dues (A) =</b> _____</p> <p>TOTAL State  <b>NYSESA Dues (B) =</b> <b>\$ 175</b> _____</p> <p>TOTAL National  <b>ESA Dues (C) =</b> _____</p> <p><b>TOTAL DUES =</b> _____      (A+B+C) = Regular Memberships</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 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). 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.*