



APPLICATION FOR PROPRIETARY 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 a Proprietary Membership if it meets the following conditions and qualifications:

1. **PROPRIETARY MEMBERSHIP** is open to any business entity that engages in the activity of installing, servicing or maintaining low voltage systems for and on its own facilities.

2. **NYSESA PROPRIETARY MEMBER (State) DUES** = \$1,000.00 per calendar year.

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:	_____	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).