



APPLICATION FOR MEMBERSHIP

Your Application will be reviewed by our membership committee.

Include copies of all required licenses.

Upon receipt of application, your membership

Will be considered for approval.

Company:		
Address:		Suite:
City:	State:	Zip Code:
Company Phone:		Company Fax:
Company Web site:		Company E-mail:

Your primary and alternate voting representatives will represent your company in all association voting matters. Representatives provided will receive electronic and printed member communications from the association.

Primary Voting Rep:		Title:
Address:		City/State/Zip:
Phone:	Fax:	E-mail:
Alternate Voting Rep:		Title:
Address:		City/State/Zip:
Phone:	Fax:	E-mail:

Company Data: (Please provide the following details for your member directory listing)

Number of Employees: <i>(All full-time employees for alarm operations, including administrative)</i>	Number of Locations: <i>(including headquarters)</i>	Year founded?	Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
What services do you offer? <i>(Please check all that apply)</i> <u>INSTALLATIONS</u> <input type="checkbox"/> Security Alarm Systems <input type="checkbox"/> Fire Alarm Systems <input type="checkbox"/> Access Control Systems <input type="checkbox"/> Video Surveillance (CCTV) <input type="checkbox"/> Central Vacuum Systems <input type="checkbox"/> Home Automation	<input type="checkbox"/> Home Entertainment <input type="checkbox"/> Telephone Systems <input type="checkbox"/> Proprietary Alarm Systems <input type="checkbox"/> UL-Listed Installations <u>MONITORING</u> <input type="checkbox"/> Contract Monitoring Services <input type="checkbox"/> Contract Monitoring FM Approved	<input type="checkbox"/> Contract Monitoring UL-Listed <input type="checkbox"/> Own a Central Station <input type="checkbox"/> Own a FM Approved Central Station <input type="checkbox"/> Own a UL-Listed Central Station <input type="checkbox"/> Security Alarm Monitoring <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Video Monitoring	<input type="checkbox"/> Two-Way Voice Monitoring Who are your Customers? <i>(Please check all that apply)</i> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government

Signed: _____ Title: _____ Date: _____

1-10 Employees \$450.00 **11-25 Employees \$900.00** **25+ Employees \$1,500.00**

Enclosed is my check made payable to: **Arizona Alarm Association,**
2158 N Gilbert Rd, Suite #116, Mesa, AZ 85203

Please charge my: ___ Visa ___ MasterCard ___ American Express

Name (As it appears on the credit card bill): _____

Credit Card No.: _____ Expiration Date: _____

Cardholder's signature: _____