



MEMBERSHIP APPLICATION

Company / Member Name: _____

Primary Contact: _____

Contact Phone # _____ Fax # _____

Contact E-Mail address: _____

Contact/Billing Mailing Address: _____

City _____ ST _____ Zip _____

In Business Since: _____ Corp _____ Partnership _____ Sole Proprietorship _____ LLC _____

Please Attach all Applicable Licenses that may Apply to the Scope of your Business ##

****** Regular \$125.00: _____ Associate \$125.00: _____ Public Safety \$50.00: _____, Membership

Number of Employees: _____ Principals are: _____

SERVICES OFFERED BY COMPANY:

____ In-House Central Station ____ UL Listed ____ Burglar Alarms
____ Security Guard Service ____ Fire Alarm ____ CCTV
____ Access Control ____ Home Automation ____ Public Safety
____ Other _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts can result in membership denial or future suspension.

DATE: _____ Signature _____ Title _____

MEMBERSHIP FEES: ****** PAY BY AX _____ MC/V _____ DISC _____ CK _____ CASH _____

CREDIT CARD NUMBER _____ ECV _____ EXP DATE _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS FOR CREDIT CARD: _____

CITY: _____ ST _____ ZIP _____

CARD HOLDER SIGNATURE _____

Classes of Membership

Regular Member:

Any Company that has as its major activity in the Electronic Security Industry the Installation, Service and/or Monitoring of Burglar / Fire Alarms, Access Systems, CCTV Systems or other Electronic Security Systems shall be considered Regular Members. These applicants shall be required to submit proof of Licensing.

Jurisdiction Licensing does vary across the State. For questions regarding this requirement contact:

Jeff Herdman, President ESA of Missouri

Jeff.Herdman@AlarmCentral.net

816-922-8756 Office or 816-804-2520 Direct

Associate Member:

A business engaged in the Manufacture, Distribution, Supplying, Dealing or Selling Products Related and Necessary to the Electronic Security Industry.

Public Safety:

Police or Fire Department and Government Organizations or Agencies concerned with Public Safety and Law Enforcement

Regular, Associate and Public Safety Members Shall have Full Voting Rights

Return Your Application with Payment to:

ESA of Missouri

8220 Melrose Dr.

Lenexa, KS 66214

Or Email to:

neilatha@atricalarms.com ESA of Missouri Treasurer