



**ILLINOIS ELECTRONIC SECURITY ASSOCIATION
ASSOCIATE MEMBERSHIP APPLICATION**

When completed send with payment to: IESA; 999 E. Touhy Ave., Suite 530, Des Plaines, IL 60018
Phone: (773) 632-3140 Fax: (773) 632-3141 E-mail: execdirector@iesa.net

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web Site _____

Representative _____ Title _____

Company Data:

1) Date the company first began monitoring/manufacturing/distributing security alarms: _____

2) Is company a : Corporation ____ Partnership ____ Proprietorship ____

3) Please check below all the types of products/services that your company provides:

a. Private Line Monitoring Systems:

1. Multiplex Manufacturer Distributor

2. Direct Manufacturer Distributor

b. Alarm Control System:

1. Hardwire Manufacturer Distributor

2. Wireless Manufacturer Distributor

c. Alarm Control System:

1. Perimeter Manufacturer Distributor

2. Interior Manufacturer Distributor

d. Alarm Control System

1. Power Supplies Manufacturer Distributor

2. Wireless Manufacturer Distributor

e. Local Alarm Responding Systems:

1. Audible Manufacturer Distributor

f. Cameras

1. CCTV Manufacturer Distributor

2. Photographic Manufacturer Distributor

g. Alarm Control Systems:

1. Access Control/Proprietary Systems

Manufacturer Distributor

h. Contract Central Station

UL FM

i. Other (please explain) _____

ANNUAL DUES: Associate Member Annual Dues IESA \$350.00 (Eff. 1/1/2010)

This application must be accompanied by a check payable to the Illinois Electronic Security Association in the amount of one full year's membership fee, fully refundable if application is denied. Our firm applies for applicant membership followed by Associate Membership in the Illinois Electronic Security Association. I certify that this firm's major activity is: in the burglar & fire alarm business, is in the business of manufacturing, distributing, supplying, dealing in or selling products or services generally used and relating to and necessary to the members of the Association. All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of the acceptance of this application. The undersigned does also agree to the prompt payment of all Association dues and assessments when due. Upon approval by the Executive Committee, the undersigned does agree to abide by and subscribe to the Bylaws and the IESA Code of Ethics.

Signed by _____

Title _____ Date _____

Enclosed is a check in the amount of \$_____ Bill credit card

Please make your check payable to the Illinois Electronic Security Association in the amount of one full year's membership dues as indicated. Your check is held pending membership approval

If paying by credit card, please complete the following:

Name/Company _____

Address _____

City _____

State _____ Zip _____

MC VISA AMEX DISCOVER

Cardholder Name _____

Card Number _____ Exp. Date _____

Signature (required) _____