



APPLICATION FOR MEMBERSHIP

The mission of the Illinois Electronic Security Association is to professionally serve and promote the electronic security industry, providing direction through communication, education, and socialization.

If your company joins the IESA you can take advantage of a variety of programs that will build your bottom line.

The IESA hosts informational general membership meetings with stellar guest speakers.

Outstanding training is available to installers and management through the IESA's National Training School at discounted prices. The IESA also offers other training programs such as the NICET II Test Preparation Class and Fire Alarm Testing and Inspections.

The IESA will provide its members with information that affects the alarm industry such as licensing, false alarms and other regulatory details through its contacts with Local, State and National agencies.

There are a variety of insurance programs geared especially to the alarm industry as well as discounts on other services.

Members receive the quarterly newsletter, the *Protection Connection* as well as a newsletter from the IESA (formerly the NBFSA).

Your company name is listed with other members on the IESA website which is at www.iesa.net. Your company is also listed on the IESA site at www.alarm.org

Applying to the IESA/IESA is easy. Complete the application and mail it with a copy of your Class 3 Private Alarm Contractor Agency license as well as your Class C Private Alarm Contractor license.

No portion of the annual dues is refundable.





APPLICATION FOR MEMBERSHIP Illinois Electronic Security Association

Regular Membership Includes Membership in the ESA

CONTACT INFORMATION

Company Name _____
Address _____ Suite/Room _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Website _____
Primary Rep _____ Title _____
Primary Rep Email _____
Alternate Rep _____ Title _____
Alternate Rep Email _____

COMPANY DATA

Date the company first began installing/servicing security alarms: _____

Other Association Membership(s): _____

NBFAA Chapter Memberships: _____

Total Number of Employees for all locations _____
Employees are defined as "full-time employees, including office, sales and administrative personnel, engaged in any way with the alarm operation of the company"

Total Number of Offices: _____ List contact names and addresses for Branch Offices on a separate sheet

Previously a Member? Yes No

Services Offered (check all that apply)

Local Burglary <input type="checkbox"/>	Access Control <input type="checkbox"/>	Modulation <input type="checkbox"/>
Local Fire <input type="checkbox"/>	CCTV <input type="checkbox"/>	Proprietary Alarms <input type="checkbox"/>
Monitoring Burglary <input type="checkbox"/>	Central Vac <input type="checkbox"/>	IQ Certified <input type="checkbox"/>
Monitoring Fire <input type="checkbox"/>	Telephone System <input type="checkbox"/>	UL-Listed <input type="checkbox"/>
Contract Monitoring <input type="checkbox"/>	Guards <input type="checkbox"/>	FM Approved <input type="checkbox"/>
Own a Central Station <input type="checkbox"/>	Home Automation <input type="checkbox"/>	Other: <input type="checkbox"/>

LICENSING INFORMATION

Contractor License # _____ (Attach a copy of the license to the application)

Agency License # _____ (Attach a copy of the license to the application)

Sponsor (if any) or who referred you to the IESA? _____

<i>Employees</i>	<i>IESA</i>	<i>ESA</i>	<i>Total Annual Dues</i>	<i>Employees</i>	<i>IESA</i>	<i>ESA</i>	<i>Total Annual Dues</i>
1-5	\$250	\$228	\$478	51-75	\$1200	\$1723	\$2923
6-10	\$375	\$390	\$765	76-100	\$1360	\$1723	\$3083
11-15	\$490	\$520	\$1010	101-125	\$1475	\$2503	\$3978
16-25	\$606	\$715	\$1321	126-150	\$1635	\$2503	\$4138
26-50	\$1000	\$1333	\$2333	Over 150	\$1790	\$3283	\$5073

Enclosed is my check in the amount of \$ _____ Bill my 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 payment 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) _____

Mail your completed application to: IESA, 999 E. Touhy Ave., Ste. 530, Des Plaines, IL 60018

Privacy Policy

The IESA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to the IESA may be used to send information about IESA programs, events, opportunities, or other useful information. The IESA may share contact information with Associate Members and other companies that offer IESA member benefits and endorsed programs. The IESA will not share contact information with any other company, group, or organization that is not affiliated with or endorsed by the association for the sole intent of using such information for marketing purposes.

Fax/e-mail Authorization

By completing and submitting this application, I hereby authorize the Illinois Electronic Security Association (IESA) to send me pertinent documents and/or information via facsimile (fax) transmission and/or e-mail via the above fax number and/or e-mail address. I recognize that such documents include, but are not limited to, billing statements, registration forms, IESA member communications, and official letters. I understand that granting this permission is a necessary component of my membership in the association.

The undersigned acknowledges all information contained in this application is true and accurate and that false information may result in the denial of acceptance of the application. Further, the undersigned also agrees to prompt payment of all Association dues and fees and to abide and subscribe to the By-Laws and Code of Ethics of the IESA

"Contributions or gifts to the IESA are not deductible as charitable contributions for Federal Income Tax purposes. Payment for dues purposes are only deductible by members as an ordinary and necessary business expense."

SIGNATURE: _____ Date _____
 Signed by: (please print) _____ Title _____

FOR OFFICE USE ONLY
 MEMBERSHIP APPROVED DATE: _____