



## **Associate Membership Application**

**(Annual Fee = \$250.00)**

### **Headquarters Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

### **Contact Information:**

**Primary Contact:** \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**How did you hear about ESA of Utah?** \_\_\_\_\_

**Company Data:**

Please indicate all products and services offered by your company:

Access Control	_____	Fire Alarms	_____
Intrusion Alarms	_____	Home Automation	_____
Closed Circuit TV	_____	Monitoring Equipment	_____
Communication Equipment	_____	Software Services	_____
Consulting Service	_____	Research	_____
Energy Management	_____	Central Station	_____
Financial Services	_____	Other	_____

**PAYMENT METHODS**

Enclosed is my check\* in the amount of \$: \_\_\_\_\_

\* Please make your check payable to the Electronic Security Association of Utah in the amount of one full year's membership dues, \$250. Your payment is held pending membership approval.

**PAY BY CREDIT CARD: MC/VISA/AMEX/ DISCOVER**

Cardholder Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: ZIP: \_\_\_\_\_

**Signature** (required) \_\_\_\_\_

**Fax/Email Authorization:** *By completing and submitting this application, I hereby authorize the Electronic Security Association (ESA) of Utah to send me pertinent documents and association and industry information via facsimile (fax) transmission at all fax numbers – and/or via e-mail at all e-mail addresses-listed on this application. I recognize that such documents include, but are not limited to, billing statements, registration forms, ESA member communications, and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.*

All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of acceptance of this application. Upon approval, the undersigned agrees to abide by and subscribe to the Bylaws, Code of Ethics, and Antitrust Statement of the Electronic Security Association.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed application to:  
Electronic Security Association of Utah  
Attn: Michelle Best  
4119 Kestrel Dr.  
West Valley City UT 84120

Or you may e-mail the completed application to: [utahesa@gmail.com](mailto:utahesa@gmail.com)

For any questions, please call 385-229-2120