



New York Electronic & Life Safety Association

APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate Member (State only)

Associate Member (State + Local)

ASSOCIATE MEMBERSHIP: Primary business activity is the manufacture, distributing, or supplying of goods or services to the Regular Members.

Description of business activity - as it relates to the alarm industry: _____

COMPANY INFORMATION

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____
Website: _____
NY Alarm License #: _____

COMPANY CONTACT

Designated Voting Rep: _____ Title: _____
Email: _____

DUES SCHEDULE: Total Annual Dues = Local Chapter(s) + NYELSA (For 2021 Membership)

Local Chapter(s) Dues:

Table with 2 columns: Local Chapter(s) and Dues. Rows include CNYAA (\$100), HMAA (\$100), LIAA (\$400), MHAA (\$100), NYESA (\$100), RASIA (\$100), UNYESA (\$100), WNYESA (\$195).

Total Annual Dues:

Total Selected Local (if applicable) Chapter(s) Dues = _____
Total State + NYELSA Dues = \$175
TOTAL DUES = _____

If applying for Local Chapter(s) Membership - select the desired Local Chapter(s) from the list above - and enter the applicable Local Chapter(s) Dues in the space indicated to the right.

Applicant agrees to abide by all by-laws & code of ethics as adopted by the membership of the NYELSA.

Payment Type: Master Card VISA American Express Check Payable to NYELSA
Card #: _____ Expiration Date: _____
Card Holder Name: _____ Card Security Code: _____ Card Zip Code: _____
Card Holders signature: _____

Please submit this application and first full year dues payment to the NYELSA at the address listed below.

Membership is not transferable. Dues are not refundable. Membership is based on a calendar year (January 1 thru December 31). New members joining throughout the year will receive a pro-rated credit of their dues applied towards the subsequent year's dues renewal.