



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

For any questions, please call 385-229-2120