



**National Alarm Association of America**  
**P.O. Box 3409, Dayton, OH 45401 (800) 283-6285**

**MEMBERSHIP APPLICATION**

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

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

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

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

State License #: \_\_\_\_\_ City License #: \_\_\_\_\_  
(IF REQUIRED BY YOUR STATE) (IF REQUIRED BY YOUR CITY)

Business Type:      Corporation                  Partnership                  Individual

Application is for:                  New Membership                  Renewal

Type of Membership:

Regular Membership (\$100.00 per year) Any individual, partnership, firm or corporation engaged in the selling, installing and providing alarm service or maintenance under contract for a period of one (1) year prior to the date of membership application. Regular members are entitled to vote, one vote per company.

Associate Membership (\$100.00 per year) Any alarm related manufacturing firm or corporation that does not qualify under Regular membership, but who supplies services and equipment to regular members. Associate Members are entitled to vote only for their representative on the board of directors.

1. Month and Year business started: \_\_\_\_\_ Month      \_\_\_\_\_ Year

2. List Former Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

3. Give a bank reference: (Name, Address, Phone & bank Contact): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. List all partners or corporate officers:

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

We herewith tender our 1<sup>st</sup> years membership fee of \$100.00. In the event we become a member of the National Alarm Association of America, we agree to abide by the articles of the bylaws and rules and regulations of the Association, and to observe the Association's Code of Ethics in the conduct of our business.

I signify the above information is true and correct on both pages of this application to the best of my knowledge.

Firm Name: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

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

Please send me additional information on:

NAAA Resident Training Programs

NAAA Video Tape Training Programs

Special Programs & Pricing of other NAAA programs

I would like to have the NAAA consider adopting the following described program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_

1<sup>st</sup> Years dues submitted with application      Yes      No      Check # \_\_\_\_\_

Posted to A/R \_\_\_\_\_      Posted to R/R \_\_\_\_\_

Board of Directors Approval:      Yes      No      Date: \_\_\_\_\_

General Membership Approval:      Yes      No      Date: \_\_\_\_\_