



## APPLICATION FOR MEMBERSHIP

*Your application will be reviewed by state and national membership committees. Include copies of all required licenses. Upon receipt of application and license(s), your membership will be considered for approval.*



Company:		
Address:		Suite:
City:	State:	Zip Code:
Company Phone:		Company Fax:
Company Web site:		Company E-mail:

Your primary and alternate voting representatives will represent your company in all association voting matters. Representatives provided will receive electronic and printed member communications from the association.

<b>Primary Voting Rep:</b>		Title:	
Address:		City/State/Zip:	
Phone:	Fax:	E-mail:	
<b>Alternate Voting Rep:</b>		Title:	
Address:		City/State/Zip:	
Phone:	Fax:	E-mail:	

**Type of Membership Requested:**     Regular     Multi-Location     National Company     Public Safety     Affiliate

**How Did You Hear About NBFAA?** \_\_\_\_\_

**Privacy Policy:** NBFAA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to NBFAA may be used to send information about NBFAA programs, events, opportunities, or other useful information. NBFAA may share contact information with associate members and other companies that offer NBFAA member benefits and endorsed programs. NBFAA 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 NBFAA/Chapter to send me pertinent association and industry information via fax transmission at all fax numbers and via e-mail at all e-mail addresses listed on this application, **UNLESS otherwise specified below.** I recognize that such documents include, but are not limited to: billing statements, registration forms, NBFAA/Chapter communications and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.

**Do not send me:**     fax     e-mail.

**Company Data:** *(Please provide the following details for your member directory listing)*

<b>Number of Employees:</b> <i>(All full-time employees for alarm operations, including administrative)</i>	<b>Number of Locations:</b> <i>(including headquarters)</i>	<b>Year founded?</b>	<b>Have you been a member previously?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What services do you offer?</b> <i>(Please check all that apply)</i>  <b>INSTALLATIONS</b> <input type="checkbox"/> Security Alarm Systems <input type="checkbox"/> Fire Alarm Systems <input type="checkbox"/> Access Control Systems <input type="checkbox"/> Video Surveillance (CCTV) <input type="checkbox"/> Central Vacuum Systems <input type="checkbox"/> Home Automation	<input type="checkbox"/> Home Entertainment <input type="checkbox"/> Telephone Systems <input type="checkbox"/> Proprietary Alarm Systems <input type="checkbox"/> UL-Listed Installations  <b>MONITORING</b> <input type="checkbox"/> Contract Monitoring Services <input type="checkbox"/> Contract Monitoring FM Approved	<input type="checkbox"/> Contract Monitoring UL-Listed <input type="checkbox"/> Own a Central Station <input type="checkbox"/> Own a FM Approved Central Station <input type="checkbox"/> Own a UL-Listed Central Station <input type="checkbox"/> Security Alarm Monitoring <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Video Monitoring	<input type="checkbox"/> Two-Way Voice Monitoring  <b>Who are your Customers?</b> <i>(Please check all that apply)</i> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government

The undersigned acknowledges that all information provided in this application is true and accurate, and that false information can result in the denial of membership. Upon approval, the undersigned agrees to abide by and subscribe to the bylaws, code of ethics and antitrust statements of the NBFAA and its Chapters (where applicable). NBFAA reserves the right to approve or deny membership regardless of any payments received or deposited.

**FAX APPLICATION TO: (214) 260-5979**

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

Rev. 02/25/09

### PAYMENT INFORMATION

\*\*\* Enclosed is my check made payable to: NBFAA

Please charge my: \*\*\*\*\* Visa \*\*\*\*\* MasterCard \*\*\*\*\* American Express

Name (As it appears on the credit card bill): \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**MAIL TO: NBFAA, 2300 VALLEY VIEW LANE, SUITE 230, IRVING, TX 75062**

**Payment of this invoice does not constitute a binding agreement of membership. If, for any reason, your membership is denied, your dues will be refunded in full.**

Dues are determined by employee size and include membership in your state and/or local association where applicable.

**MEMBERSHIP DUES (A)**

- \*\*\* 1-5 employees = \$428.00
- \*\*\* 6-10 employees = \$590.00
- \*\*\* 11-15 employees = \$820.00
- \*\*\* 16-25 employees = \$1015.00
- \*\*\* 26-50 employees = \$1733.00
- \*\*\* 51-100 employees = \$2123.00
- \*\*\* 101-150 employees = \$3153.00
- \*\*\* 151+ employees = \$3933.00

**NUMBER OF ADDITIONAL LOCATIONS**  
\*If applicable

\_\_\_\_\_ x \$225.00 = \$ \_\_\_\_\_ (B)

\*Attach list of additional branch locations

**TOTAL DUES (A) + (B) = Total: \$ \_\_\_\_\_**

# WE NEED YOUR SUPPORT

JOIN THE NBFAA AND AzAA TODAY IN OUR CAMPAIGN TO INTRODUCE LEGISLATION IN 2010 THAT WOULD ELIMINATE THE NEED TO BE LICENSED IN EVERY MUNICIPALITY IN THE STATE OF ARIZONA

Membership in NBFAA/AzAA provides you with the following additional benefits:

- Training and Insurance savings
- Critical Industry Updates
- Professional Development
- Increased Company Credibility
- Networking Community

**For a complete list of NBFAA/AzAA member benefits, visit [www.alarm.org](http://www.alarm.org) and [www.azalarms.org](http://www.azalarms.org) or call 888-447-1689 TODAY!**

**PEOPLE MAKE A DIFFERENCE!  
JOIN US TODAY!**



Complete the application on the back of this letter and fax, along with a copy of your Arizona state low-voltage license (or equivalent) and license for the city in which you are located, to 214-260-5979 to apply for membership TODAY!



**Your membership fees today could save you thousands of dollars in the future!**

If you are a current member of NBFAA, please accept our apologies and disregard this mailing. The process used to compare membership records was unable to match your name and address as they appear above with your membership record. Please help us eliminate further duplicate mailings by simply indicating that you are a current member on the enclosed reply form and faxing to us at 214-260-5979. Thank you for your support.



National Burglar and Fire Alarm Association  
2300 Valley View Lane Suite 2300  
Irving, TX 75062

Cost for a Phoenix license: \$75.00 - \$200.00\*  
Cost for a Scottsdale license: \$75.00 - \$200.00\*  
Cost for a Tucson license: \$75.00 - \$200.00\*  
Cost for a Tempe license: YOUR TIME  
Cost for a Sedona license: YOUR TIME

Cost for a Fountain Hills license: \$100.00  
Cost for a Chandler license: \$75.00 - \$200.00\*  
Cost for a Mesa license: \$75.00 - \$200.00\*  
Cost for a Flagstaff license: YOUR TIME  
\*Based on reciprocity among selected cities

**VALUE OF STATEWIDE LICENSING:  
PRICELESS!**

Are you tired of the time and expense required to comply with current licensing laws or frustrated by turning down business because you can't afford to take the time and/or pay for licensing and criminal background checks in every city in the state?