



# Regular Membership Application

Regular Membership is open to any business entity that meets the following requirements:

- Licensed by the State of Illinois as an Alarm Contractor or Alarm Contractor Agency
- Its major activity includes one of the following: installation, service or inspection of burglar alarm, fire alarm, closed circuit TV, access control, alarm monitoring and all other electronic security services.

Regular members are willing and agree to conduct their business in accordance with the Association's Bylaws, Code of Ethics and Antitrust Policy. Regular members have the right, through their designated representative, to cast one vote and to hold office.

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

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

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

Voting Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

Alternate Voting Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

Company Structure:     Sole Proprietor             Partnership             LLC             Corporation

Please select your membership tier with the annual dues as indicated. Employees include owners, technicians, and office, sales and administrative personnel, engaged in any way with the alarm operation of the company.

Licensed Alarm Contractor with no other employees: \$250

State of Illinois Private Alarm Contractor License #: \_\_\_\_\_

Licensed Alarm Contractor Agency

2 – 5 employees: \$500             6 – 10 employees: \$800             11 – 15 employees: \$1,050

16 – 25 employees: \$1,350             26 – 50 employees: \$1,600             51 – 75 Employees: \$1,850

76 – 100 Employees: \$2,100             101 – 150 Employees: \$2,350             151+ Employees: \$2,500

State of Illinois Private Alarm Contractor Agency License #: \_\_\_\_\_

Total number of employees for all locations in the State of Illinois: \_\_\_\_\_

Services Provided:

Access Control             Alarm Monitoring             Burglar Alarm             CCTV Cameras

Fire Alarm             Mass Notification             Emergency Communication

Other: \_\_\_\_\_

# IESA Regular Membership Application and Agreement

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

Contact information for Regular Members is listed in our Consumer Directory at [www.iesa.net](http://www.iesa.net).

Our firm applies for membership followed by Regular Membership in the Illinois Electronic Security Association. I certify that this firm is licensed by the State of Illinois as an Alarm Contractor or Alarm Contractor Agency and its major activity includes one of the following: installation, service or inspection of burglar alarm, fire alarm, closed circuit TV, access control, alarm monitoring and all other electronic security services.

All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of the acceptance of this application. The undersigned does also agree to the prompt payment of all Association dues and assessments when due. Upon approval by the Executive Committee, the undersigned does agree to abide by and subscribe to the Association's Bylaws, Code of Ethics and Anti-Trust Policy (available at [www.iesa.net](http://www.iesa.net)).

Contributions or gifts to the IESA are not deductible as charitable contributions for Federal Income Tax purposes. Because of the Association's lobbying efforts, payment for annual membership dues may not be deductible by members as an ordinary and necessary business expense.

## Privacy Policy

The IESA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to the IESA may be used to send information about IESA programs, events, opportunities or other useful information. The IESA may share contact information with Associate Members and other companies that offer IESA member benefits and endorsed programs. The IESA 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.

## Communication Authorization

By completing and submitting this application, I hereby authorize the Illinois Electronic Security Association (IESA) to send me pertinent documents and/or information via facsimile (fax) transmission and/or e-mail via the above fax number and/or e-mail address. I recognize that such documents include, but are not limited to, billing statements, registration forms, IESA member communications and official letters. I understand that granting this permission is a necessary component of my membership in the association.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

This application must be accompanied by payment based on the tiered dues structure to the Illinois Electronic Security Association for one full year's membership fee, fully refundable if application is denied.

Check # \_\_\_\_\_ is enclosed, made payable to the Illinois Electronic Security Association.

**Mail both pages of the application with payment to IESA, P.O. Box 682, Elburn, IL 60119.**

**This application may be completed online and dues paid via credit card at [www.iesa.net/join](http://www.iesa.net/join).**