



8984 Darrow Road, Suite 2-281,  
Twinsburg, OH 44087  
(855) 315-6746 (OH) • (814) 315-6746 (Outside OH)  
(814) 838-5127 FAX

[info@secureohio.org](mailto:info@secureohio.org) • [www.secureohio.org](http://www.secureohio.org)

### APPLICATION FOR ASSOCIATE MEMBERSHIP

(Please print or type)

This application must be fully completed in order for a company to be considered for ESA of Ohio membership.

Any sole proprietorship, partnership, corporation or joint venture, except a public utility, shall be eligible for an Associate Membership if it meets the following conditions and qualifications:

1. **ASSOCIATE MEMBERSHIP:** Primary business activity is the manufacture, distributing, or supplying of goods or services to the General Members.
2. **MEMBER DUES** = \$195.00 per year (**For 2017 Membership**)

Description of Applicant Company's business as it relates to the alarm industry: \_\_\_\_\_  
\_\_\_\_\_

#### COMPANY INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Co. Website: \_\_\_\_\_

#### COMPANY PRINCIPALS:

Designated Voting Rep: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Additional Company Contacts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Payment Type:	Master Card	VISA	AMEX	Check Payable to <b>ESA of Ohio</b> _____
Card #:	_____			Expiration Date: _____
Card Holders Name:	_____			Card Security Code: _____
Card Holders signature:	_____			

**Please submit this application and first years dues payment to the ESA of Ohio at the address listed above.**  
*Membership is not transferable. Dues are not refundable. Membership is based on a calendar year (January 1 thru December 31).*