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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 2019 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 ESA of Ohio _____
Card #:	_____			Expiration Date: _____
Card Holders Name:	_____	Card Security Code:	_____	Card zipcode: _____
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).