



## VOTING MEMBERSHIP APPLICATION

Regular Membership       Non-Resident Membership      Includes Membership in the ESA

### CONTACT INFORMATION

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

Address \_\_\_\_\_ Suite/Room \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Website \_\_\_\_\_

Primary Rep \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Alternate Rep \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

### COMPANY DATA

Business Start Date: \_\_\_\_\_ ESA Chapter Memberships: \_\_\_\_\_

Other Association Membership(s): \_\_\_\_\_

Number of Employees: \_\_\_\_\_ *Employees are defined as "full-time employees, including office, sales and administrative personnel, engaged in any way with the security operation of the company"* **Total** \_\_\_\_\_

Total Number offices: \_\_\_\_\_ List contact names and addresses for Branch Offices on a separate sheet

Previously a Member? Yes  No

### Services Offered (check all that apply)

Local Burglary       Monitoring Burglary       Local Fire       Monitoring Fire

Proprietary Alarms       Contract Monitoring       Own a Central Station       Video Systems

Access Control       Home Automation

Other \_\_\_\_\_

### PERSONAL INFORMATION

President/CEO/General Mgr/Owner Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Driver's License \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Career History (Most Recent First)

<u>From</u>	<u>To</u>	<u>Employment</u>	<u>Position</u>

**Each applicant must submit a bank, and trade reference and Insurance company information.**

Insurance Company \_\_\_\_\_ Contact and Phone \_\_\_\_\_

Bank \_\_\_\_\_ Contact and Phone \_\_\_\_\_

Vendor \_\_\_\_\_ Contact and Phone \_\_\_\_\_



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### Privacy Policy

The WIESA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to the WIESA may be used to send information about WIESA programs, events, opportunities, or other useful information. The WIESA may share contact information with Associate Members and other companies that offer WIESA member benefits and endorsed programs. The WIESA 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 the Wisconsin Electronic Security Association (WIESA) 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, WIESA member communications, and official letters. I understand that granting this permission is a necessary component of my membership in the association.

### New Membership Drive – 2017 – No Dues. Moving forward, this would be the Dues

**Structure. Dues Structure (Includes ESA dues) Application Fee (one time): Add \$45 for an application fee.**

1 – 5 Employees	\$ 500	26 – 50 Employees	\$ 1751
6 – 10 Employees	\$ 721	51 – 100 Employees	\$ 2178
11 – 15 Employees	\$ 864	101 – 150 Employees	\$ 3030
16 – 25 Employees	\$ 1076	151 + Employees	\$ 3883

Enclosed is my check in the amount of \$ \_\_\_\_\_ Payable to Wisconsin Electronic Security Association for one full year's membership dues plus the \$45 application fee as indicated.

Complete this section to pay dues by Credit Card

MC

VISA

AMEX

DISCOVER

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

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

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required) \_\_\_\_\_

**Upon receipt of Application, your membership will be considered for approval.** Your check or card processing is held pending membership approval. **Mail your completed application to: WIESA, P.O. Box 28882, Greenfield, WI 53228. The undersigned acknowledges all information contained in this application is true and accurate and that false or incomplete information may result in the denial of acceptance of the application. Further, the undersigned also agrees to prompt payment of all Association dues and fees and to abide and subscribe to the By-Laws and Code of Ethics of the WIESA.**

"Contributions or gifts to the WIESA are not deductible as charitable contributions for Federal Income Tax purposes. Payment for dues purposes are only deductible by members as an ordinary and necessary business expense."

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for can result in denial of membership or future suspension.**

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

Signed by: (please print) \_\_\_\_\_ Title \_\_\_\_\_

### FOR OFFICE USE ONLY

MEMBERSHIP APPROVED DATE: \_\_\_\_\_