

Application for Associate Membership



Headquarters Information:

Company Name:			
Address:		Suite/Unit:	
City:		State:	Zip Code:
Phone:		Fax:	
Web site:			

Contact Information:

Primary Contact		Title:	
Address:		Suite/Unit:	
City:		State:	Zip Code:
Phone:		Fax:	
Email:			

Annual dues fees - \$285.00 (please check box that applies) *does not include membership to ESA

Check Included

Credit Card Authorization

Name on Card:
Exp. Date

CVV: Card Number:

Card Type:

How did you hear about WIESA?

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Company Data:

Please indicate all products & services offered by your company:

<input type="checkbox"/> Access Control	<input type="checkbox"/> Fire Alarms
<input type="checkbox"/> Intrusion Alarms	<input type="checkbox"/> Home Automation
<input type="checkbox"/> Closed Circuit TV	<input type="checkbox"/> Monitoring Equipment
<input type="checkbox"/> Communication Equip.	<input type="checkbox"/> Software Services
<input type="checkbox"/> Consulting Service	<input type="checkbox"/> Research
<input type="checkbox"/> Energy Management	<input type="checkbox"/> Other:
<input type="checkbox"/> Financial Services	

Email Authorization

By completing this application, I hereby authorize Wisconsin Electronic Security Association (WIESA) to send me pertinent and association and industry information via the e-mail addresses listed on this application. 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 essential to the association's ability to communicate with me effectively.
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All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of acceptance of this application. Upon approval, the undersigned agrees to abide by and subscribe to the Bylaws, Code of Ethics, and Antitrust Statement of the Wisconsin Electronic Security Association.

Signed: _____

Title: _____

Date: _____

Please email completed form to: executive.dir@wiesa.org