



Wisconsin Security Association Inc.

P.O. Box 28882

Greenfield, WI 53228

T 414.459.3260

info@wiesa.org • wiesa.org

APPLICATION FOR ASSOCIATE MEMBERSHIP

HEADQUARTERS INFORMATION

| | | |
|---------------|--------|-------------|
| Company Name: | | |
| Address: | | Suite/Unit: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | |
| Website: | | |

CONTACT INFORMATION

| | | |
|------------------|--------|-------------|
| Primary Contact: | | Title: |
| Address: | | Suite/Unit: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | |
| E-mail: | | |

Annual dues fees - \$285.00 (please check box that applies)

| | | |
|--------------------------|---------------------------|------|
| <input type="checkbox"/> | Check Included | |
| <input type="checkbox"/> | Credit Card Authorization | |
| Name on Card: | Card Number: | |
| Exp Date: | Card Type: | CVV: |

HOW DID YOU HEAR ABOUT WISA?

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COMPANY DATA

Please indicate all products & services offered by your company

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

EMAIL AUTHORIZATION

By completing and submitting this application, I hereby authorize the Wisconsin Security Association (WISA) to send me pertinent documents, association and industry information, via e-mail addresses listed on this application. I recognize that such documents include, but are not limited to, billing statements, registration forms, WISA member communications, and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.

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 SECURITY ASSOCIATION.

| | |
|-------------------------|------|
| Signature of applicant: | |
| Title of applicant: | Date |

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