



**ILLINOIS ELECTRONIC SECURITY ASSOCIATION  
ASSOCIATE MEMBERSHIP APPLICATION**

When completed send with payment to: IESA; 309 E. Rand Rd, Arlington Heights Rd #107; Arlington Heights, IL 60004 Phone: (630)305-8800 Fax: (877)230-5110 E-mail: [execdirector@iesa.net](mailto:execdirector@iesa.net)

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

Representative \_\_\_\_\_ Title \_\_\_\_\_

**Company Data:**

1) Date the company first began monitoring/manufacturing/distributing security alarms: \_\_\_\_\_

2) Is company a : Corporation \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_

3) Please check below all the types of products/services that your company provides:

a. Private Line Monitoring Systems:

1. Multiplex  Manufacturer  Distributor

2. Direct  Manufacturer  Distributor

b. Alarm Control System:

1. Hardwire  Manufacturer  Distributor

2. Wireless  Manufacturer  Distributor

c. Alarm Control System:

1. Perimeter  Manufacturer  Distributor

2. Interior  Manufacturer  Distributor

d. Alarm Control System

1. Power Supplies  Manufacturer  Distributor

2. Wireless  Manufacturer  Distributor

e. Local Alarm Responding Systems:

1. Audible  Manufacturer  Distributor

f. Cameras

1. CCTV  Manufacturer  Distributor

2. Photographic  Manufacturer  Distributor

g. Alarm Control Systems:

1. Access Control/Proprietary Systems

Manufacturer  Distributor

h. Contract Central Station

UL  FM

i. Other (please explain) \_\_\_\_\_

ANNUAL DUES: Associate Member Annual Dues IESA \$350.00 (Eff. 1/1/2010)

This application must be accompanied by a check payable to the Illinois Electronic Security Association in the amount of one full year's membership fee, fully refundable if application is denied. Our firm applies for applicant membership followed by Associate Membership in the Illinois Electronic Security Association. I certify that this firm's major activity is: in the burglar & fire alarm business, is in the business of manufacturing, distributing, supplying, dealing in or selling products or services generally used and relating to and necessary to the members of the Association. All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of the acceptance of this application. The undersigned does also agree to the prompt payment of all Association dues and assessments when due. Upon approval by the Executive Committee, the undersigned does agree to abide by and subscribe to the Bylaws and the IESA Code of Ethics.

Signed by \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Enclosed is a check in the amount of \$\_\_\_\_\_  Bill credit card

Please make your check payable to the Illinois Electronic Security Association in the amount of one full year's membership dues as indicated. Your check is held pending membership approval

If paying by credit card, please complete the following:

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

MC  VISA  AMEX  DISCOVER

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

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

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



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