



2012 ASSOCIATE MEMBERSHIP APPLICATION

We hereby apply for membership in the Central Station Alarm Association. If our application is approved, we agree to observe the Bylaws of the Association and give due consideration to all lawful activities that will contribute to its advancement and growth.

Contact Person / Official Representative _____
 Title _____
 Company Name _____
 Address _____
 Phone Number _____ Fax Number _____
 E-mail _____ Web site _____

Is this company owned or controlled by another organization? Yes No

If yes, please complete the following:

Name of Controlling Organization _____
 Address _____

All applicants must be sponsored by one CSAA Member in good standing with the Association.

Sponsor Name _____
 Telephone No. _____
 Sponsor's Company Name _____

CSAA Associate Membership Dues Structure

Amount of payment enclosed (check appropriate category on the following table)

Company Gross Revenues	Annual Dues
Less than \$3 million	\$1,925
At least \$3 million, but less than \$4 million	\$2,200
At least \$4 million, but less than \$6 million	\$2,300
At least \$6 million, but less than \$15 million	\$2,500
At least \$15 million, but less than \$30 million	\$3,500
At least \$30 million, but less than \$55 million	\$5,000
At least \$55 million, but less than \$120 million	\$7,000
At least \$120 million, but less than \$200 million	\$10,000

Company Gross Revenues	Annual Dues
At least \$200 million, but less than \$300 million	\$14,000
At least \$300 million, but less than \$400 million	\$18,000
At least \$400 million, but less than \$500 million	\$22,000
At least \$500 million, but less than \$600 million	\$26,000
At least \$600 million, but less than \$700 million	\$30,000
At least \$700 million, but less than \$800 million	\$34,000
\$800 million or greater	\$38,000

Dues apply to company membership for calendar year. For more information, contact CSAA at 703-242-4670

Please return this form with payment for one year's dues to:

CSAA, 8150 Leesburg Pike, Suite 700, Vienna, Virginia 22182

____ Payment enclosed made payable to CSAA (Check No. _____)

____ Please charge my credit card: _____ Visa _____ MasterCard _____ American Express
 Credit Card Number: _____
 Name as it appears on the card: _____ Expiration Date (mmyy) _____
 Address of associated with card: Street _____
 City _____ State/Province _____ Zip/Mailcode _____ Country _____
 Card Verification Value* (Four digits for American Express) _____
 Signature of Card Holder _____

Privacy Statement: Any financial information requested on this form will be disclosed only to CSAA staff for the sole purpose of setting the appropriate dues. This information will not be made available to members of the association or any other parties.

The above information is submitted for the purpose of obtaining membership in the Central Station Alarm Association, and is warranted to be true and correct. Permission is hereby granted to CSAA to request information from the above-named sponsor or any other source. We understand that one year's fees are due and payable in advance in accordance with the terms that shall then be in effect, or otherwise directed by the Board.

Authorized Signature _____ Title _____ Date _____