



2012 Membership Application/Renewal North American Regular Member

- New Application**
 Renewal

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 _____
 City/State/Zip _____
 Phone Number _____ Fax Number _____
 E-mail _____ Web site _____

Date of Listing of UL,FM or ETL Listed Central Station _____(Please provide a copy of current listing)
 UL, ETL, or FM Project Number (For Applicant Members Awaiting Listing/ Approval) _____
 Is company actively engaged in installing and servicing alarm systems? Yes No
 Is company actively engaged in contract monitoring? _____ Minority owned? _____

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 North American Member in good standing with the Association.
 Sponsor Name _____ Telephone No. _____
 Sponsor's Company Name _____
 Address _____

CSAA North American Member Dues Structure

Amount of check enclosed (check appropriate category on the table):

	Company Gross Revenues	Annual Dues
___	Less than \$3 million	\$1,500
___	At least \$3 million, but less than \$4 million	\$2,530
___	At least \$4 million, but less than \$6 million	\$2,645
___	At least \$6 million, but less than \$15 million	\$2,875

	Company Gross Revenues	Annual Dues
___	At least \$15 million, but less than \$30 million	\$4,025
___	At least \$30 million, but less than \$55 million	\$5,750
___	At least \$55 million, but less than \$120 million	\$8,050
___	At least \$120 million, but less than \$200 million	\$11,500

*Over 200 Million: \$4,000 for each additional \$200 Million

Please return this form with payment for one year's dues to:
CSAA, 8150 Leesburg Pike, Suite 700
Vienna, VA 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 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 _____