



2012 Membership Application/Renewal Proprietary 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 _____
 Telephone _____ Fax _____
 E-mail _____ Web site Address _____

Date of Listing of UL/FM or ETL Central Station _____
 UL, FM or ETL Project Number (For Applicant Members Awaiting Listing) _____
 Is company actively engaged in installing and servicing alarm systems? Yes _____ No _____
 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 a CSAA Member in good standing with the Association.

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

CSAA Membership Dues Structure for Proprietary Central Stations

Select a category and enclose payment for that amount.
 Company dues apply to calendar year. For more information, contact CSAA at 703/242-4670.

| | Number of Locations | Annual Dues |
|-------|--------------------------|-------------|
| _____ | 1 to 1,000 locations | \$500 |
| _____ | 1,001 to 3,000 locations | \$1,000 |
| _____ | 3,001+ locations | \$1,950 |

Please return this form with your payment for one year's dues to the address below, or fax to 703-242-4675

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 code _____
 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 _____