



Nevada Security Association Application for Membership

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Website: _____

Contact Person: _____

E-mail: _____

CEO, if different from Contact Person:

Billing Contact & Address (if different from Contact Person):

E-mail & Phone to appear on NSA website: _____

Contact information for additional people in your company who would like to receive NSA notices:

Name	E-Mail
_____	_____
_____	_____

Services Offered by Your Company (Please check all applicable):

Burglar Alarms Fire Alarms Commercial Fire Alarms

Access Control CCTV Home Automation

Monitoring: Through your own Central Station
 Through a Third-Party Central Station

Name: _____

Is the Central Station: UL Listed Burglar UL Listed Fire FM Approved

Dealer Services - Please list Company for which you offer services:

Security Guard Services:

Through your own Security Guards or

As a Subcontractor. Which company do you work with?

Do you have all required permits & licenses? Yes No

Security Company General Information

(Please check and/or complete the following which are applicable)

<input type="checkbox"/> State Fire Marshall's License Number	Type of license:
_____	_____
<input type="checkbox"/> State Contractor's License Number	Type of license:
_____	_____
<input type="checkbox"/> County License Number & County name	Type of License
_____	_____
<input type="checkbox"/> City License Number & City name	Type of License
_____	_____

Please check applicable membership status:

NEW MEMBER RENEWING MEMBER

Regular Member: Regular Membership is open to any individual, partnership, firm, corporation or other business entity, operating within the State of Nevada which provides installation, repair and/or monitoring of electronic security systems to the general public and have a valid state/county/city/entity license to operate in those segments of the electronic security industry as the member may be operating. Dues for Regular Members are based upon the number of full-time equivalents employed by your company (i.e. two half-time employees would equal one full-time equivalent). Dues listed *include* national ESA membership dues.

<u>Number of full-time equivalents</u>	<u>Annual Dues</u>
<input type="checkbox"/> 1 - 5	\$ 442
<input type="checkbox"/> 6 - 10	\$ 614
<input type="checkbox"/> 11 - 15	\$ 852
<input type="checkbox"/> 16 - 25	\$ 1,058
<input type="checkbox"/> 26 - 50	\$ 1,814
<input type="checkbox"/> 51 - 100	\$ 2,228
<input type="checkbox"/> 101 - 150	\$ 3,305
<input type="checkbox"/> 151+	\$ 4,133

Associate Member: Any duly licensed business engaged in manufacturing, distributing, supplying, dealing in or selling products for services generally used, relating to, and/or necessary to the members of the Association. Associate Member dues are \$400 per year.

Out-Of-State Member: Out-of-State Membership is open to any individual, partnership, firm, corporation or other business entity, located outside the State of Nevada, who provides installation, repair and/or monitoring of electronic security systems and have a valid state/county/city/entity license in the state/county/city/entity in which it is located to operate. Out-Of-State dues are \$400 per year.

Honorary Member **Courtesy Member** **Lifetime Member**

___ **Affiliate Member:** is open to any individual, partnership, firm or corporation or other business entity that does not otherwise qualify for membership under any other membership category, but has the capability of contributing significant value or expertise to the electronic security industry, or provides design, installation, service or monitoring of electronic security systems for its own use and not to either the general public or to electronic security dealers.

PAYMENT

Enclosed is payment in the amount of \$ _____; or charge this amount to the following:

AMEX/VISA/MASTERCARD _____

EXP DATE _____ SEC CODE _____ BILLING ZIP CODE _____

The undersigned acknowledges that all information provided in this application is true and accurate, and that false information can result in the denial of membership. Upon approval, the undersigned agrees to abide by and subscribe to the bylaws and code of ethics of the NSA and the ESA. The NSA and the ESA reserve the right to approve or deny membership regardless of any payments received or deposited. I hereby certify that this company meets the requirements for Regular or Associate Membership in the state and national associations.

Signature: _____ Date: _____

Print Name: _____ Title: _____

*Complete all pages of this application and send with payment to
NSA, 205 N. Stephanie St., Suite D #170, Henderson, NV 89074
Questions: 702-551-4NSA (4672) or info@nevadasecurityassociation.org*

FOR OFFICE USE ONLY:

ACTION

Amount received by NSA _____ Form of pymt. _____ Received by _____

Date Sent to ESA _____ Confirm receipt by ESA _____

Licenses checked _____ Mirror subscription ordered _____

Nevada Security Association

CODE OF ETHICS

1. To promote the highest standards of performance and professional conduct in the electronic security industry.
2. To foster objectives founded on principles of justice and integrity that are beneficial to all persons involved in the electronic security industry and the general public.
3. To deal honestly, fairly, and to be guided by a spirit of justice and honor in all matters.
4. To provide mutual aid to members and to disseminate information vital to the electronic security industry.
5. To encourage and support sound legislation affecting the electronic security industry.