



Associate Member Application

Rev. 9/23/04

Any business entity, which is engaged in the manufacture, distribution, sale, or promotion of electrical alarm system products and/or services used by the security alarm industry.

COMPANY

NAME: _____

MAILING ADDRESS: Street/P.O.

Box _____

City: _____ State _____ Zip _____ Web _____

Address: _____

TEL #: _____ Fax: _____

Email: _____

COMPANY

OFFICERS: _____ Title: _____

_____ Title: _____

OFFICIAL VOTING REPRESENTATIVE:

_____ Title: _____

Mailing Address:

Telephone: _____ Fax: _____

_____ Email: _____

ALTERNATE REP: _____

Title: _____

Mailing Address:

Telephone: _____ Fax: _____ Email: _____

LIST MEMBERSHIPS IN OTHER

ORGANIZATIONS: _____

COMPANY ENGAGED IN THE BUSINESS

OF: _____

I, the undersigned, give permission for the above information to be verified in confidence. I also agree to comply with the Objectives and Code of Ethics of the CASIA / Connecticut Alarm and Systems Integrators Association, where applicable.

Fax Authorization: By completing and submitting this application, I hereby authorize **CASIA** to send me pertinent documents via facsimile (fax) transmission at the above listed number. I recognize that such documents include, but are not limited to, billing statements, registration forms, CASIA member communications, and official letters. I understand that granting this permission is a necessary component of my membership in the association.

Signature: _____ **Title:** _____ **Date:** _____

Print

Name: _____

*Please return completed form with a check or credit card for annual dues of \$300.00 payable to
CASIA.*

AUTHORIZED

SIGNATURE: _____ **Date:** _____

Charge VISA – MasterCard – Amex: # _____ **Exp.**
Date: _____ **OFFICE USE: Check: Amount: \$** _____ **Date:** _____ **Check #** _____ **ICV**
processed: _____

Connecticut Alarm & Systems Integrators Association

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