



SERVING THE SECURITY, FIRE AND LOW VOLTAGE INDUSTRIES

Phone (954) 748-7779/ Fax (954) 748-4749 / bneely@fla-alarms.org / www.fl-alarms.org
1830 N. University Drive #329, Plantation, FL 33322-4114

MEMBERSHIP APPLICATION

Please check the appropriate category of membership below:

- Company Regular Member** – Any properly licensed company whose major activity has been the business of installing and providing alarm service or maintenance under contract in the electronic protection field; or whose major activity has been the business of installing and providing low voltage systems or maintenance including telephone, sound, vacuum, automation, locks or access control other than alarm systems.
 Associate Member – A company, which supplies services, equipment, or otherwise aids or assists Regular Members.
 Public Safety Member - The department head or designated representative of a Law Enforcement, Fire, State, County or Municipal Inspection Department directly related to the alarm industry.

- Company or Entity Name:** _____
Fictitious/DBANames: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **E-Mail:** _____

- Corporate Officers (or owners) (Regular Members Only Fill This In)**
Qualifier: _____ **License#:** _____
Licenses: Copies of Appropriate State, County & Municipal Licenses must be included with this application
President: _____ **Secretary:** _____
Vice President: _____ **Treasurer:** _____

- Name of Company Rep. (1 vote per Regular Member company):** _____
Contact Address: (if different from above) _____
Phone: _____ **Fax:** _____ **E-Mail:** _____

- Total of Installation & Sales Employees (Regular Members Only Fill This In):** _____

- Other Locations In Florida: (Attach list if insufficient space)**
Address: _____
Phone: _____ **Fax:** _____ **E-Mail:** _____

- Type of Services Offered:** Please check as appropriate:

Alarm Systems <input type="checkbox"/>	Low Voltage <input type="checkbox"/>	Manufacturing <input type="checkbox"/>
Distribution <input type="checkbox"/>	Public Safety <input type="checkbox"/>	Other (Assoc) <input type="checkbox"/>

8. **Dues Structure** (fill amount in):
- AAF Annual Dues **Company Regular Member:** [Total of Installation, Service & Sales employees, only]
- | | | |
|-------|------------------------------|-----------|
| _____ | 1 – 5 Employees | \$325 |
| _____ | 6 – 10 Employees | \$450 |
| _____ | 11- 15 Employees | \$575 |
| _____ | 16 -25 Employees | \$700 |
| _____ | 26 –50 Employees | \$1025 |
| _____ | 50+ Employees | \$1325 |
| _____ | Each Additional Location | \$95 |
| _____ | Associate Member: | \$575 |
| _____ | Each Additional Location | \$95 |
| _____ | Other Associate: | \$325 |
| _____ | Public Safety Member: | No Charge |

9. **Method of Payment:** (Total dues must be paid in full at the stated rates upon application.)
- Check Enclosed VISA Master Card
 American Express Discover

Card# _____ **Expiration:** _____ **Sec. Code** _____

Name on Card: _____ **Signature:** _____

10. **Statement** We apply for membership in the Alarm Association of Florida, Inc. in the specified membership category for a period of one year. We certify that we meet the requirements of this category, are properly licensed, agree to pay membership dues for a minimum one (1) year period, and that all statements of fact contained herein are correct. Upon acceptance, we do agree to conduct business in accordance with the Code of Ethics of the Alarm Association of Florida, Inc., and agree to comply with the by-laws of the Association. Any false statements contained herein will result in board action, which can be, but is not limited to, rejection of this membership application or termination of membership.
11. **Membership Renewal:** Provided that Member is in good standing with the Association, membership in the Association will automatically renew for successive one (1) year terms, unless written notice of resignation is received by the Association prior to the beginning of the next renewal cycle. The amount owed for successive cycles will be the dues in effect for Members as authorized by the Board of Directors. The terms of this agreement and the by-laws, including the option to pay dues, applies to each renewal term. In the event the Member fails to pay dues within the time frame set forth in the invoice, statement or notice of dues, then the Member may be suspended or removed from the rolls of the Association in accordance with the by-laws (specifically section IV).
12. **IRS Disclosure:** In accordance with Internal Revenue Service rules of disclosure, please be advised that up to 20% of your annual membership dues may be utilized for lobbying purposes and may not be deducted as a regular business expense.
13. **AUTHORIZED SIGNATURE:** _____ **TITLE:** _____ **DATE:** _____

RETURN COMPLETED FORM WITH LICENSE COPIES AND ONE YEAR'S DUES PAYMENT TO:

Alarm Association of Florida, Inc.
 1830 N. University Drive #329 Plantation, FL 33322-4114
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