



# New Jersey Electronic Security Association

96-A Vanderburg Road  
Marboro, NJ 07746  
[www.nj-esa.org](http://www.nj-esa.org)



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## APPLICATION FOR ASSOCIATE MEMBERSHIP

NJESA is a charter member of the Electronic Security Association (ESA)

**Membership Requested: NJESA Member Only \$400.00**

This application must be completed in full, including dues payment, in order to be considered for membership.

### Headquarters Information:

Company Name:		
Address:		Suite/Unit:
City:	State:	Zip Code:
Phone:	Fax:	
Website:		

### Contact Information:

<b>Primary Contact / Representative:</b>		Title:
Address:		Suite/Unit:
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

### Billing Contact Information:

Billing Contact:		
Address:		Suite/Unit:
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

### Electronic Transmission, Fax/Email Authorization:

By completing and submitting this application, I hereby authorize NJESA to send me pertinent association and industry information via fax transmission at all fax numbers and via e-mail at all e-mail addresses or by other electronic transmission means listed on this application. I recognize that such documents include, but are not limited to: billing statements, registration forms, NJESA and ESA member communications and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.

### Privacy Policy:

NJESA does not collect any personal identifying information about you unless you specifically and knowingly provide such information. Contact information provided to NJESA may be used to send information about NJESA or ESA programs, events, opportunities, or other useful information. NJESA may share contact information with associate members and other companies that offer NJESA member benefits and programs. NJESA will not share contact information with any other company, group, or organization that is not affiliated with the association for the sole intent of using such information for marketing purposes.

The undersigned represents all information submitted is accurate; false information may result in denial or revocation of membership. If approved, the undersigned agrees to comply with the NJESA By-Laws, Standards of Conduct, Code of Ethics and Antitrust Statement. NJESA may deny membership regardless of any payment submitted.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Associate Member:**

Associate Member means any eligible Member that:

- (i) is an Associate Member in good standing as of the date of the adoption of the By-Laws; or
- (ii) meets all of the following requirements:
  - a) One of its material business activities is the manufacture, distribution or supply of goods or services (including monitoring services) to Regular Members.
  - b) It is recommended by the Membership Committee and approved as an Associate Member by a majority vote of the Board following submission of its completed membership application and application fee.
  - c) It agrees to abide by the By-Laws and Code(s) of ethics.

Complete text of the Code of Ethics and Standard of Conduct can be found on the ESA website [www.esa-web.org](http://www.esa-web.org) or by contacting NJESA at 609-695-4444.

**Each applicant must be sponsored by a Regular and/or Associate member in good standing.**

**Please provide the name of company, representative, and telephone number.**

**Sponsor:**

Regular or Associate Member Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ cell: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

**Associate Member Fee**

**Annual Membership Fee per Business: \$400.00 (NJESA only)**

**Payment Information:**

**Annual membership fee must be prepaid with check, money order, or credit card and submitted with application.**

Enclosed is my:  Check or  Money Order (Payable to NJESA)

Charge my:  VISA®  MasterCard®  AMERICAN Express®

Please apply this total amount to my credit card: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_