



New Jersey Electronic Security Association

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APPLICATION FOR PUBLIC SAFETY MEMBER MEMBERSHIP

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

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

Membership Requested: **Membership Fee \$50.00** **Sponsorship Membership Fee \$50.00**

Donate Membership Fee to the Scholarship Fund

NJESA Scholarship Fund Information can be found on the NJESA website at www.nj-esa.org.

| | | |
|-------------------|------------------|------------|
| *Agency: | | |
| * Address: | | Suite: |
| *City: | *State: | *Zip Code: |
| *Mailing Address: | | Suite: |
| *City: | *State: | *Zip Code: |
| * Agency Phone: | * Agency Fax: | |
| Agency Website: | * Agency E-mail: | |

Representatives provided will receive electronic and printed member communications from the association at the addresses provided below.

| | | |
|-------------------|------|------------------|
| *Primary Rep: | | *Title: |
| *Mailing Address: | | *City/State/Zip: |
| *Phone: | Fax: | *E-mail: |
| Alternate Rep: | | Title: |
| Mailing Address: | | City/State/Zip: |
| Phone: | Fax: | E-mail: |

***Denotes Required Information**

Electronic Transmission, Fax/E-mail 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

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.

Continued on other side – all pages must be completed.

Public Safety Members

Public Safety Member must meet all of the following requirements:

- a) Such individual is a member of any police or fire department of any governmental organization, or any governmental agency concerned with law enforcement, fire safety or public safety.
- b) It is recommended by the Membership Committee and approved as a Public Safety 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.

Those individuals that operate, own, are in partnership with an Alarm Business are not eligible for Public Safety Membership.

Complete text of the Code of Ethics and Standard of Conduct can be found on the NJESA website www.nj-esa.org or by contacting NJESA at 1-(609)-695-4444.

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 bylaws, Standards of Conduct, code of ethics and antitrust statement. NJESA may deny membership regardless of any payments submitted.

Signed: _____ **Title:** _____

Print Name: _____ **Date:** ____ / ____ / ____

Sponsor:

| | | |
|------------------|-------------|-----------|
| Sponsor Name: | | |
| Company: | | |
| Address: | | Suite: |
| City: | State: | Zip Code: |
| Mailing Address: | | Suite: |
| City: | State: | Zip Code: |
| Company Phone: | Cell Phone: | |
| Company Website: | E-mail: | |

Payment Information:

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

Enclosed is my: CHECK or Money order (Payable to NJESA) by mail to the NJ office

Charge my: VISA® MasterCard® AMERICAN Express®

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

Credit Card Number: _____ **exp. Date:** ____ / ____ / ____

Cardholder's Name: _____ **Signature:** _____