



# National Burglar & Fire Alarm Association

## APPLICATION FOR MEMBERSHIP

*Your application will be reviewed by state and national membership committees. **Include copies of all required licenses.** Upon receipt of application and license(s), your membership will be considered for approval. Dues vary from state to state.*

Company:		
Address:		Suite:
City:	State:	Zip Code:
Company Phone:		Company Fax:
Company Web site:		Company E-mail:

Your primary and alternate voting representatives will represent your company in all association voting matters. Representatives provided will receive electronic and printed member communications from the association.

<b>Primary Voting Rep:</b>		Title:
Address:		City/State/Zip:
Phone:	Fax:	E-mail:
<b>Alternate Voting Rep:</b>		Title:
Address:		City/State/Zip:
Phone:	Fax:	E-mail:

**Type of Membership Requested:**     Regular     Multi-Location     National Company     Public Safety     Affiliate

**How Did You Hear About NBFAA?** \_\_\_\_\_

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

**Fax/E-mail Authorization:** By completing and submitting this application, I hereby authorize NBFAA to send me pertinent association and industry information via fax transmission at all fax numbers and via e-mail at all e-mail addresses listed on this application, **UNLESS otherwise specified below.** I recognize that such documents include, but are not limited to: billing statements, registration forms, NBFAA member communications and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively. **Do not send me:**  fax     e-mail.

**Company Data:** *(Please provide the following details for your member directory listing)*

Number of Employees: <i>(All full-time employees for alarm operations, including administrative)</i>	Number of Locations: <i>(including headquarters)</i>	Year founded?	Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What services do you offer?</b> <i>(Please check all that apply)</i>  <u><b>INSTALLATIONS</b></u> <input type="checkbox"/> Security Alarm Systems <input type="checkbox"/> Fire Alarm Systems <input type="checkbox"/> Access Control Systems <input type="checkbox"/> Video Surveillance (CCTV) <input type="checkbox"/> Central Vacuum Systems <input type="checkbox"/> Home Automation	<input type="checkbox"/> Home Entertainment <input type="checkbox"/> Telephone Systems <input type="checkbox"/> Proprietary Alarm Systems <input type="checkbox"/> UL-Listed Installations  <u><b>MONITORING</b></u> <input type="checkbox"/> Contract Monitoring Services <input type="checkbox"/> Contract Monitoring FM Approved	<input type="checkbox"/> Contract Monitoring UL-Listed <input type="checkbox"/> Own a Central Station <input type="checkbox"/> Own a FM Approved Central Station <input type="checkbox"/> Own a UL-Listed Central Station <input type="checkbox"/> Security Alarm Monitoring <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Video Monitoring	<input type="checkbox"/> Two-Way Voice Monitoring  <b>Who are your Customers?</b> <i>(Please check all that apply)</i> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government

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, code of ethics and antitrust statement of the NBFAA. NBFAA reserves the right to approve or deny membership regardless of any payments received or deposited. **FAX APPLICATION TO: (214) 260-5979**

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

**\*\*MULTI-LOCATION AND NATIONAL COMPANIES ONLY\*\***

**Please use as many copies of this form as needed to provide contact information for each branch to receive member benefits and to be included in the NBFAA member directory.**

Branch Name:			
Branch Address:			Suite/Room:
City:		State:	Zip Code:
Phone Number:		Fax Number:	
Web site:			Number of Employees ( <i>at this location</i> ):
Branch Contact:		Title:	
Branch Contact E-mail:			

Branch Name:			
Branch Address:			Suite/Room:
City:		State:	Zip Code:
Phone Number:		Fax Number:	
Web site:			Number of Employees ( <i>at this location</i> ):
Branch Contact:		Title:	
Branch Contact E-mail:			

Branch Name:			
Branch Address:			Suite/Room:
City:		State:	Zip Code:
Phone Number:		Fax Number:	
Web site:			Number of Employees ( <i>at this location</i> ):
Branch Contact:		Title:	
Branch Contact E-mail:			

Branch Name:			
Branch Address:			Suite/Room:
City:		State:	Zip Code:
Phone Number:		Fax Number:	
Web site:			Number of Employees ( <i>at this location</i> ):
Branch Contact:		Title:	
Branch Contact E-mail:			

## **TYPES OF NBFAA MEMBERSHIP**

### ***Regular:***

(Alarm Dealer, Monitoring Station) - may be classified as an Installing Dealer, or a Third Party Monitoring Company. Installing Dealer Regular Members provide installation, repair and/or monitoring of burglar alarms, fire alarms, or other electronic security systems, which are consistent with the stated objectives of the association. Third Party Monitoring Company Regular Members who do not install or repair electronic security systems and do provide monitoring of burglar alarms, fire alarms, or other electronic security systems which are consistent with the stated objectives of the association.

### ***Multi-Location:***

Shall be open to any company with two (2) or more offices in one (1) but not more than fourteen (14) states and which shall meet the following requirements:

- Provides installation and repair of burglar alarms, fire alarms, or other electronic security systems, which are consistent with the stated objectives of the association;
- A Multi-Location Company shall become a member of the CSAs in not less than fifty-one percent (51%) of those states or regions where there is a CSA and in which the company has an office.

### ***National Company:***

Shall be open to any company with offices in fifteen (15) or more states and which shall meet the following requirements:

- Provides installation and repair of burglar alarms, fire alarms, or other electronic security systems, which are consistent with the stated objectives of the association;
- A National Company shall become a member of the CSAs in not less than fifty-one percent (51%) of those states or regions where there is a CSA and in which the company has an office.

### ***Public Safety:***

Shall be open to any member of the police or fire department of any governmental organization, or any governmental agency concerned with law enforcement or fire safety upon the request of their department head.

### ***Affiliate:***

Shall be open to any individual or business 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 alarm dealers.