



## Mississippi Security Association

P.O. Box 720252, Jackson, MS 39272

Phone (601) 668-0528 / Fax (601) 372-2667

E-mail msalert@bellsouth.net / Website www.securems.org

### **APPLICATION FOR MEMBERSHIP** *(include copies of all required licenses)*

Company:		
Shipping Address:		Suite:
City:	State:	Zip Code:
Mailing Address:		Suite:
City:	State:	Zip Code:
Company Phone:	Company Fax:	
Company Website:	Company Email:	

Primary Voting Rep:		Title:
Mailing Address:		City/State/Zip:
Phone:	Email:	
Alternate Voting Rep:		Title:
Mailing Address:		City/State/Zip:
Phone:	Email:	

<b>Type of Membership Requested:</b>			
Regular Company	Multi-Branch Company	Monitoring Service	National Company
Public Safety			
<b>Number of Employees:</b>		<b>Number of Locations:</b>	<b>Month/Year founded:</b>

What installation services do you offer? (Check all that apply)	Home Automation	Fire Alarm	Who are your customers? (Check all that apply)
Intrusion Alarm	Home Entertainment	Video Surveillance	Residential
Fire Alarm	Personal Emergency Response Systems (PERS)	Access Control	Commercial
Access Control	Repairs & Maintenance	Two-Way Voice	Industrial
Video Surveillance (CCTV)	<b>What monitoring services do you offer? (Check all that apply)</b>	Personal Emergency Response Systems (PERS)	Institutional (Schools)
Systems Integration		Intrusion Alarm	Environmental

**Membership Renewal and Lobbyist Assessment Fee will be invoiced annually.**

Upon approval from the Board of Directors of the MSA your company becomes eligible for all rights under your membership classification according to the MSA By-laws. The undersigned agrees to abide by and subscribe to all by-laws, code of ethics and anti-trust statements of the MSA.

Signature: \_\_\_\_\_ Application Date \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Name on the Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number(s):	Expiration Date & CCV#:
Signature:	Amount to apply on Card:

Make checks payable to MSA in the amount of one full year. Refundable if application is denied.



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### Regular, Multi-Branch or Monitoring Service Company Membership

For companies with a single office, dues are based on total number of employees in the company. Employees are defined as full time employees, including office, sales and administrative personnel, engaged in any way with the alarm operations for the company. This is a voting membership.

Number of Employees	Combined Annual Membership	Total Dues
1-5	\$225 State dues + \$75 Lobbyist	\$300.00
6-10	\$225 State dues + \$75 Lobbyist	\$300.00
11-15	\$225 State dues + \$75 Lobbyist	\$300.00
16-25	\$225 State dues + \$75 Lobbyist	\$300.00
26-50	\$225 State dues + \$75 Lobbyist	\$300.00
51-100	\$225 State dues + \$75 Lobbyist	\$300.00
101-150	\$225 State dues + \$75 Lobbyist	\$300.00
151+	\$225 State dues + \$75 Lobbyist	\$300.00

### Public Safety Member

Public Safety Membership shall consist of any governmental employee involved with public safety who had the capability and desire to contribute to the advancement of the Corporation. This is not a voting membership.

**\$100 State Dues Annually**