

# South Texas Alarm Association

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## APPLICATION FOR MEMBERSHIP

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

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

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

Company Representative: \_\_\_\_\_

State License (Type & Number) \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Years in Industry: \_\_\_\_\_

Sponsor Membership: \_\_\_\_\_

### TYPE OF MEMBERSHIP:

#### \_\_\_\_\_ A. REGULAR MEMBERSHIP

Regular Membership in the association shall be open to any individual, partnership, firm or corporation engaged in the business of installing and providing alarm services for maintenance under contract in the Electronic Protection field.

**ANNUAL REGULAR DUES \$200.00 PAYABLE IN ADVANCE**

#### \_\_\_\_\_ B. ASSOCIATE MEMBERSHIP

Associate Membership shall be open to any individual, firm or corporation who is not engaged directly in the business of installing and providing of contract alarm services in the Electronic Protection industry, but who may supply and services, equipment, or otherwise to the Regular Members.

**ANNUAL ASSOCIATE DUES \$ 150.00 PAYABLE IN ADVANCE**

**APPLICATION IS HEREBY MADE FOR MEMBERSHIP IN THE SOUTH TEXAS ALARM ASSOCIATION. We hereby agree to the rules, regulations, and Bylaws of the STAA.**

Check for the initial dues is attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date