



ASSOCIATE MEMBER APPLICATION

Georgia Electronic Life Safety & Systems Associate (GELSSA)



Headquarters Information:

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

Contact Information:

Primary Contact:			Title:
Address:		Suite/Unit:	
City:		State:	Zip Code:
Phone:		Fax:	
Email:			
Secondary Contact:			Title:
Address:		Suite/Unit:	
City:		State:	Zip Code:
Phone:		Fax:	
Email:			

Billing Information:

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

How did you hear about GELSSA? _____

Dues:

*Annual dues based on revenue derived from security, fire, CCTV and access control: \$ _____

Company Data:

Please indicate all products & services offered by your company:

Annual Dues	\$250			<input type="checkbox"/> Software Services
<input type="checkbox"/> Access Control	<input type="checkbox"/> Fire Alarms	<input type="checkbox"/> Communication Equip.	<input type="checkbox"/> Research	
<input type="checkbox"/> Intrusion Alarms	<input type="checkbox"/> Home Automation	<input type="checkbox"/> Consulting Service	<input type="checkbox"/> Financial Services	
<input type="checkbox"/> Closed Circuit TV	<input type="checkbox"/> Monitoring Equipment	<input type="checkbox"/> Energy Management	<input type="checkbox"/> Other:	

Fax/Email Authorization:

By completing and submitting this application, I hereby authorize the Georgia Electronic Life Safety & Systems Association (GELSSA) to send me pertinent documents and association and industry information via facsimile (fax) transmission at all fax numbers - and/or via e-mail at all e-mail addresses - listed on this application. I recognize that such documents include, but are not limited to, billing statements, registration forms, GELSSA member communications, and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.

All information contained in this application is true and accurate and the undersigned acknowledges that false information can result in the denial of acceptance of this application. Upon approval, the undersigned agrees to abide by and subscribe to the Bylaws, Code of Ethics, and Antitrust Statement of the Georgia Electronic Life Safety & Systems Association.

Signed: _____

Title: _____ Date: _____

**Mail completed application to GELSSA at:
GELSSA • PO Box 2924 • Suwanee, GA 30024 • Phone: 678-482-7211 • Fax: 678-482-0611**