



2016 PPVAR Membership Application

State Association Member

Any entity engaged in the manufacture or distribution of products and/or services offered for sale to the burglar alarm industry, other than consulting services.

New Application:

We hereby apply for membership in the Partnership for Priority Verified Alarm Response (PPVAR). If our application is approved, we agree to observe the Bylaws of the Association and give due consideration to all lawful activities that will contribute to its advancement and growth.

Contact Person / Official Representative:

Name _____

Title _____

Phone Number _____ Fax Number _____

E-mail _____

Company Name _____

Address _____

City/State/Zip _____

Web site _____

State Association Member Annual Dues:

\$50 – ESA Member

\$250 – Non ESA Member

Amount of check enclosed: _____

Please return this form with payment for one year's dues to:

Partnership for Priority Verified Alarm Response

(PPVAR)

4460 W. Shaw Ave. #212

FRESNO, CA 93722

We understand that one year's fees are due and payable in advance in accordance with the terms that shall then be in effect or otherwise directed by the Board.

Authorized Signature:

Title _____

Date _____