



2016 PPVAR Membership Application
Industry Member/Applicant Member

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:

Title _____
Company Name _____
Address _____
City/State/Zip _____
Phone Number _____ Fax Number _____
E-mail _____ Web site _____

Industry Member:

Date of Listing of UL,FM or ETL Listed Central Station _____ (Please provide a copy of current listing)

Applicant Member

Not Currently Listed _____

Is company actively engaged in installing and servicing alarm systems? ____ Yes ____ No

Is company actively engaged in contract monitoring? ____

Is this company owned or controlled by another organization? ____ Yes ____ No

If yes, please complete the following:

Name of Controlling Organization _____

Address _____

Industry Member Dues Structure:

____ Large \$5,000 (companies with national or super-regional geographic coverage or RMR. \$2 million)
____ Medium \$2,500 (companies with more than one office in a geographic region or \$500K - \$2 million RMR)
____ Small \$1,000 (companies with a single office in a single region or under \$500K RMR)

Privacy Statement: Any financial information requested on this form will be disclosed only to PPVAR Executive Director for the sole purpose of setting the appropriate dues. This information will not be made available to members of the association or any other parties.

Amount of check enclosed: _____

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

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 _____