



Partnership for Priority Verified Alarm Response (PPVAR)

REGULAR MEMBERSHIP APPLICATION-Alarm Industry

Regular Member: This membership is available to a business entity. A business entity may be a monitoring company, a manufacturer, or alarm dealer or other company that is associated with alarm verification either directly or indirectly within the communications channels that feed verified alarm signals.

- New Membership Membership Renewal

Company Name _____
Address _____
City/State/Zip _____
Phone _____
Website _____

Official Representative/Contact Person:

Name _____
Title _____
Phone _____
E-mail _____

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

Applicant Member Not Currently Listed:	YES	NO
Is company actively engaged in installing and servicing alarm systems?	<input type="checkbox"/>	<input type="checkbox"/>
Is company actively engaged in contract monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
Is this company owned or controlled by another organization?	<input type="checkbox"/>	<input type="checkbox"/>

If company is owned or controlled by another organization, complete the following:

Name of Controlling Organization _____
Address _____

We hereby apply for membership in the Partnership for Priority Video 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.

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.

PPVAR Regular Member – Alarm Industry Annual Dues:

- Small \$ 1,000 companies whose revenue is under \$6 million on the security/life safety portion of its business each year

- Medium \$ 2,500 companies whose revenue is \$6 million – \$24 million on the security/life safety portion of its business

- Large \$ 5,000 companies whose revenue is over \$24 million on the security/life safety portion of its business

Amount of check enclosed: \$ _____

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.

Authorized Signature	Title	Date
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Printed Name

Please return this form, payment and a high-resolution image of your company logo to:

Partnership for Priority Video Alarm Response (PPVAR)
4460 W. Shaw Ave. #212, Fresno, CA 93722
www.ppvar.org
communications@ppvar.org