

Membership Application Houston Gulf Coast Alarm Association (HGCAA)

Please print or type:

Company Information

Company Name:						
Physical Address:						
City:			State:		Zip:	
Mailing Address:						
City:			State:		Zip:	
Phone:			Fax:			
Web Site:						
Date of Application:			In Business Since (date):			
Burglar Alarm License #			Fire Alarm License #			
Has applicant previously been a member of HGCAA?	Yes	No	Number o	f Employees:		

Products and Services Offered

Access Control	Structured Cabling	Own Central Station	Provide Contract Monitoring
Burglar Alarms	Home Automation	IQ Certified	Alarm Response
Fire Alarms	Audio & Video	UL Listed	Security Guards
CCTV	Telephone Systems	FRMC Approved	Central Vacuum
Other Products or Services			

Official Primary Voting Representative

Name	Title	
Email	Direct Phone or Extension	
Signature*		

Official Alternate Voting Representative

Name		Title	
Email		Direct Phone or Extension	
Signature*			

* By signing you certify that all information contained in this application is true and accurate and acknowledge that false information can result in the denial of acceptance of this application and agree to abide by and subscribe to the bylaws, code of ethics and antitrust statement of the HGCAA as well as support and participate in all the activities of the Association(s) to the best of your abilities.

* **E-mail authorization**: I hereby authorize HGCAA to send me pertinent documents via email at the above listed e-mail address. I recognize that such documents include but are not limited to billing statements, registration forms, HGCAA member communications, and official letters. I understand that granting this permission is a necessary component of my membership.

Annual Dues Owed

Check One	Member Type	Amount		
Regular Membersh	Regular Membership: Requires that members are licensed by the Texas Private			
Security Board and/	Security Board and/or the State Board of Insurance Office of the Fire Marshall, and pay			
annual dues that are detailed herein. Full member benefits.				
Associate Member	ship: Requires that members are manufacturers, suppliers, or	\$125		
distributors of produ	icts relating to security equipment or systems, and pay annual dues			
that are detailed her	rein. Full member benefits.			

Or

Please forward completed application with a check or money order (made out to HGCAA) to: HGCAA P.O. Box 19484 Houston, TX 77224 Use one of the online payment methods and forward a completed application to: <u>membership@hgcaa.org</u>

www.HGCAA.org