

South Carolina Electronic Security Association

P.O. Box 1763 • Columbia, SC 29202 • (803) 252-0580 • fax (803) 252-0589 • bhenry@capconsc.com • WWW.SC-ESA.ORG

MEMBERSHIP APPLICATION

Company: _____

First & Last Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ Fax: _____

Email: _____

Website: _____

MEMBERSHIP OPTIONS

_____ **Regular Membership \$350**

Regular membership is open to any business entity, licensed by the South Carolina Department of Labor, Licensing and Regulation, which shall provide installation, repair, and monitoring of burglar alarms, fire alarms, or other electronic security systems.

_____ **Associate Membership \$250**

Associate membership shall be available to individuals and organizations supplying products and services to the alarm systems industry.

I (WE) AGREE THAT THE SOUTH CAROLINA ELECTRONIC SECURITY ASSOCIATION (SCESA) CAN/MAY CONDUCT A BACKGROUND CHECK ON THE ABOVE INFORMATION AND HEREBY RELEASE ANY AND ALL RECORDS TO THE SCESA FOR THE PURPOSE OF THIS CHECK. UPON BECOMING A MEMBER OF THE SCESA, I (WE) AGREE TO ABIDE BY THE BY-LAWS AND THE CODE OF ETHICS OF THE SCESA.

Submitted By: _____ Date: _____

Please enclose your check for SCESA dues made payable to: South Carolina Electronic Security Association, Post Office Box 1763, Columbia, South Carolina 29202

Payment via Credit Card:

Card Number: _____

Card Expires: _____ CVV: _____

Billing Address: _____

Billing City, State, Zip: _____