



P. O. Box 836635  
Richardson, TX 75083

# MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

**TYPE OF MEMBERSHIP:** (Choose only one!)    **Regular** \_\_\_\_\_    **Associate** \_\_\_\_\_    **Sustaining** \_\_\_\_\_  
(Definitions on reverse side)

**Company Name:** \_\_\_\_\_ **Web-Site:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address** (if different from above): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phones:** Business \_\_\_\_\_ Ext # \_\_\_\_\_ Fax \_\_\_\_\_

**Contact #1:** \_\_\_\_\_ E-mail Address \_\_\_\_\_ Hm/cell Ph# \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ E-mail Address \_\_\_\_\_ Hm/cell Ph# \_\_\_\_\_

**TCOPS License #:** \_\_\_\_\_ **TX Fire License#:** \_\_\_\_\_ **NTAA Sponsor:** \_\_\_\_\_

**TBFAA member:** yes \_\_\_\_\_ no \_\_\_\_\_      **NBFAA member:** yes \_\_\_\_\_ no \_\_\_\_\_

**MEMBER DATA:** Security Services Provided - check as applicable.

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Burglar Alarm Systems | <input type="checkbox"/> Residential | <input type="checkbox"/> Guard                 | <input type="checkbox"/> 3 <sup>rd</sup> Party Administration |
| <input type="checkbox"/> Fire Alarm Systems    | <input type="checkbox"/> Commercial  | <input type="checkbox"/> Patrol                | <input type="checkbox"/> Distributor                          |
| <input type="checkbox"/> CCTV                  | <input type="checkbox"/> Wireless    | <input type="checkbox"/> Private Investigation | <input type="checkbox"/> Manufacturer's Rep                   |
| <input type="checkbox"/> Access Control        | <input type="checkbox"/> Hard Wired  | <input type="checkbox"/> Consulting            | <input type="checkbox"/> Other _____                          |

**COMMITTEES:** Member volunteers to serve on at least one

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Membership     | <input type="checkbox"/> Education & Training | <input type="checkbox"/> Legislation  | <input type="checkbox"/> TBFAA Liaison |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> City Liaison Program | <input type="checkbox"/> NFPA Liaison | <input type="checkbox"/> NESA Liaison  |
| <input type="checkbox"/> Ethics         | <input type="checkbox"/> Police Liaison       | <input type="checkbox"/> FARA Liaison | <input type="checkbox"/> NBFAA Liaison |
| <input type="checkbox"/> Grievances     | <input type="checkbox"/> Fire Liaison         | <input type="checkbox"/> Other _____  |  |

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Upon Signing the application and upon acceptance as a member of the NTAA, the applicant is stating that they will abide by the Bylaws and the Code of Ethics of the NTAA, and they will support and participate in all the activities of the Association to the best of their abilities.*

PLEASE SEE REVERSE SIDE FOR DUES SCHEDULE AND PAYMENT OPTIONS

# DUES SCHEDULE

**REGULAR MEMBER:** *Any company in Collin, Dallas, Denton, Rockwall, or Tarrant that is licensed by the Texas Commission on Private Security and/or the State Board of Insurance Office of the Fire Marshall.*

**SUSTAINING MEMBER:** *Any company located in a county other than Collin, Dallas, Denton, Rockwall, or Tarrant that is licensed by the Texas Commission on Private Security and/or the State Board of Insurance Office of the Fire Marshall.*

<u>Number of Employees</u>	<u>Annual Dues</u>	<u>Amount Paid</u>
1 - 5	\$ 150.00	_____
6 - 10	\$ 250.00	_____
11 - 20	\$ 350.00	_____
21 - 40	\$ 500.00	_____
41 +	\$ 650.00	_____

**ASSOCIATE MEMBER:** *Manufacturers, suppliers or distributors of products relating to security equipment or systems.*

\$ 250.00 \_\_\_\_\_

**PAYMENT METHOD** (Select One)

**CHECK**

Make Check Payable to:

**NTAA**  
P. O. Box 836635  
Richardson, TX 75083

Check Number: \_\_\_\_\_ \$ \_\_\_\_\_ Amount Enclosed

**CREDIT CARD**

Check One:     Visa     MasterCard     Discover     American Express

**PLEASE PRINT**

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Cardholder:    Name E-mail Address

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Cardholder:    Address City    State    Zip Code

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Cardholder:    Signature Phone Number