



If you provide services to the industry, you belong to the “ASSOCIATE MEMBER” category and this application is for you.

Please be sure to include the following documentation with your application:

- Attach a copy of incorporation/registration papers
- For members in Quebec, please include proof of all permits or insurance required by the province
- In those provinces where a security license is required, you must provide a copy of the license

TO COMPLETE AND SUBMIT THE FORM:

Download the form to your computer, open and complete the form, **SAVE (important)**, attach the form to an email addressed to membership@canasa.org.

Membership Application for Associate Member

COMPANY INFORMATION

Company name _____

Date of incorporation _____ mm/dd/yy GST exemption Yes # _____

- You MUST attach a copy of incorporation/registration papers.
- For members in Quebec, please include proof of all permits or insurance required by the province.
- In those provinces where a security license is required, you must provide a copy of the license.

MAIN LOCATION INFORMATION (additional locations can be specified on page 3)

Street Address _____

City _____ Province/State _____ Postal/Zip code _____

Country _____ Phone _____ Toll Free _____

Fax _____ Email _____ Website _____

Number of employees _____

SOCIAL MEDIA:

Company Twitter name _____ Company Facebook page name _____

PRIMARY CONTACT INFORMATION

This company representative will receive all CANASA correspondence.

Mr. Mrs. Ms. First name _____ Last name _____

Title _____ Email _____

Phone _____ Toll Free _____ Fax _____

BILLING CONTACT INFORMATION Same as above

This company representative will receive all invoices.

Mr. Mrs. Ms. First name _____ Last name _____

Title _____ Email _____

Phone _____ Toll Free _____ Fax _____

Additional contacts at this location

If you have more than this space provides, please include your list as a separate attachment.

First and last name _____ Email _____

First and last name _____ Email _____

First and last name _____ Email _____

First and last name _____ Email _____

First and last name _____ Email _____

Send all correspondence in: English French

CANASA values the privacy of its members. All information collected is done so in accordance with our privacy policy. To view CANASA's privacy policy please visit www.canasa.org

- Please check this box if you do not wish to receive any correspondence from CANASA (this includes Security Canada information, E-flash monthly newsletter etc.).
- Please check this box if you do not wish to receive any correspondence from our Affinity Program partners.
- Please check this box if you do not wish your information to be displayed on our website in our Membership Directory.

MEMBERSHIP TYPE

Associate membership includes the following two membership types. Please select the membership type that best describes your business.

	Type	Dues	Description
<input type="checkbox"/>	Company (maximum 2 locations)	\$800	Regionally based incorporated organizations with two or more employees that serve the security industry. This includes: <ul style="list-style-type: none"> • Businesses that sell, install, integrate and/or service electronic security systems and/or monitor security systems or devices. • Companies that manufacture security products or components. • Companies that stock and distribute various manufacturers' security products and equipment. • Businesses that only perform monitoring – for accounts of installing companies (i.e. third party).
<input type="checkbox"/>	Corporate (3 or more locations)	\$2,200	National organizations that serve the security industry within multiple markets. This includes: <ul style="list-style-type: none"> • Companies that manufacture security products or components. • Companies that stock and distribute various manufacturers' security products and equipment. • Businesses that only perform monitoring – for accounts of installing companies (i.e. third party).

METHOD OF PAYMENT
(Payment must accompany application)

CHEQUE
 VISA
 MASTERCARD
 AMERICAN EXPRESS

Credit Card # _____ Expiry _____

Cardholder Name _____

Signature _____
(Signature not required if submitting electronically)

GST/HST #R121787402
QST #1015564195

Member Dues \$ _____

Provincial Tax* \$ _____

TOTAL \$ _____

*** PROVINCIAL TAXES (select appropriate tax)**

AB 5% GST	NS 15% HST	SK 5% GST
BC 5% GST	NT 5% GST	QC 5% GST
MB 5% GST	NU 5% GST	+9.975% QST
NB 15% HST	ON 13% HST	YK 5% GST
NL 15% HST	PE 14% HST	Outside Canada 5% GST

AUTHORIZATION

In applying to the Canadian Security Association for membership, I acknowledge that our company will abide by the by-laws, Code of Ethics and standards established by the Association.

PRODUCTS AND SERVICES

This form will become an important part of your company record with CANASA. Information received will be used to promote your company in our online membership directory.

PLEASE CHECK ALL THAT APPLY:

Products and Services for Manufacturers, Distributors and Agents

- Access Control Accessories
- Access Control Controllers and Software
- Access Control Readers and Cards
- Audio and Sound
- Cabling and Accessories
- CCTV Accessories
- CCTV Cameras
- CCTV Lenses
- Door Hardware and Gates
- Electrical Locking Devices
- Electronic Article Surveillance (EAS)
- Entry Systems and Intercom
- Fire and Life Safety Devices
- Intrusion Alarm Controls

- Intrusion Alarm Detection Devices
- Intrusion Alarm Systems Accessories
- Mechanical Locks and Safes
- Medical and Personal Emergency Response Service
- Monitoring Station Equipment and Software
- PA and Sound
- Video Management Systems and Video Analytics
- Video Recording Equipment
- Window Protection

Products and Services for Monitoring and Response

- Commercial Intrusion Alarm Systems
- Guard Response

- Guard Service
- Managed Access Control
- Residential Intrusion Alarm Systems
- Video Monitoring

Products and Services for Industry Resources

- Business Management and Support
- Certification
- Decals and Forms
- Education
- Insurance and Financial Services
- Legal and Contractual Services
- Software Solutions

ADDITIONAL LOCATIONS

Enter additional locations below.

ADDITIONAL LOCATION INFORMATION

Street Address _____

City _____ Province/State _____ Postal/Zip code _____

Country _____ Phone _____ Toll Free _____

Fax _____ Email _____ Website _____

Number of employees _____

Additional contacts at this location

If you have more than this space provides, please include your list as a separate attachment.

First and last name _____ Email _____

First and last name _____ Email _____

First and last name _____ Email _____

First and last name _____ Email _____

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