

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

Canadian Security Association
50 Acadia Avenue, Suite 201, Markham, ON L3R 0B3
Telephone: (905) 513-0622 Toll Free: 1 (800) 538-9919
Email: membership@canasa.org





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Membership Application for Associate Member

COMPAI	NY INFORI	MATION				
Company	y name					
Date of in	ncorporatio	on			GST exemption \square Yes #	
• For mer	mbers in Qu	uebec, ple	ncorporation/rease include pro		urance required by the province provide a copy of the license.	
MAIN LO	OCATION I	NFORMA	NTION (addition	nal locations can be spe	ecified on page 3)	
Street Ac	ddress					
City				Province/State		Postal/Zip code
Country				Phone		Toll Free
Fax				Website		
Number	of employe	es				
INFORM	IATION:					
☐ Yes	\square No	Does yo	our company ha	ve liability insurance o	f a minimum of \$1,000,000?	
☐ Yes	\square No	Does yo	our company do	background checks b	efore hiring?	
	Y CONTAC			CANASA corresponder	nce.	
☐ Mr.	☐ Mrs.	☐ Ms.	First name		Last name	
Title					Email	
Phone _				Toll Free		Fax
This com	pany repre	sentative	MATION ☐ S will receive all	invoices.		
	☐ Mrs.					
Phone _				Toll Free		_ Fax
	nal contact ve more th			lease include your list a	as a separate attachment in Exce	l format.
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	correspond	lence in :	☐ English	☐ French		
	values the ease visit w			All information collecte	ed is done so in accordance with	our privacy policy. To view CANASA's privacy
E-flas	sh monthly se check thi	newslette s box if yo	er etc.). ou do not wish	to receive any correspo	ondence from CANASA (this inclo ondence from our Affinity Progra displayed on our website in our	

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MEMBERSHIP TYPE

Asso	ciate membership	includes the follo	wing two membership types. Please select the membership	ership type that best describes your business.	
	Туре	Dues	Descripti	on	
	Company (maximum 2 locations)	\$800	 industry. This includes: Businesses that sell, install, integrate and/or service esecurity systems or devices. Companies that manufacture security products or companies that stock and distribute various manufa 	and/or service electronic security systems and/or monitor ty products or components. various manufacturers' security products and equipment.	
	Corporate (3 or more locations)	\$2,200	 Companies that manufacture security products or co Companies that stock and distribute various manufa 	omponents. cturers' security products and equipment.	
				GST/HST #R121787402 QST #1015564195	
	VISA	MAS	TERCARD AMERICAN EXPRESS	Member Dues \$	
	Regionally based incorporated organizations with two or more employees that serve the security industry. This includes: 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). National organizations that serve the security industry within multiple markets. This includes: Companies that amountacture security products or components. Companies that they and includes or components. Companies that they are devices. Companies that manufacture security products or components. Companies that of an 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) METHOD OF PAYMENT (Paymen				
				TOTAL \$	
In wi	applying to the Ca Il abide by the by-l rm will become ar	nadian Security As: aws, Code of Ethics	sociation for membership, I acknowledge that our compa and standards established by the Association. PRODUCTS AND SERVICES	BC 5% GST NT 5% GST QC 5% GST NB 5% GST NU 5% GST +9.975% QST NB 15% HST NL 15% HST PE 14% HST Outside 5% GST Canada 5% GST	
PLEAS	E CHECK ALL TH	AT APPLY:			
 □ 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 			□ 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	 □ 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 	
			 ☐ Commercial Intrusion Alarm Systems ☐ Guard Response 		

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ADDITIONAL LOCATIONS

Enter additional locations below.

ADDITIONAL LOCATION INFORMATION			
Street Address			
City	Province/State	F	Postal/Zip code
Country	Phone	1	oll Free
Fax	Website		
Number of employees			
Additional contacts at this location			
If you have more than this space provides, ;	olease include your list as a separa	te attachment.	
First and last name		Email	
First and last name		Email	
First and last name		Email	
First and last name		Email	
ADDITIONAL LOCATION INFORMATION			
Street Address			
City	Province/State	F	Postal/Zip code
Country	Phone	1	oll Free
Fax	Website		
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Additional contacts at this location			
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First and last name		Email	
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First and last name		Email	
First and last name		Email	
ADDITIONAL LOCATION INFORMATION			
Street Address			
City			Postal/Zip code
Country	Phone	1	oll Free
Fax	Website		
Number of employees			
Additional contacts at this location			
If you have more than this space provides, p	olease include your list as a separa	te 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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