



New York Fire Alarm Association Inc.

(A Non-Profit Organization)

Tel#516-328-6932

Fax#516-706-0633

2011 Membership Form

Instructions: Answer all questions that apply so we can keep you up to date in our computer. Then fill out only ONE section at the end of this form that pertains to your type of membership!

Type of membership:

- Fire Alarm System Distributor and Service Organization \$725
- UL Central Station Fire Alarm Monitoring Company \$725
- Engineering Member \$725
- Manufacturing Member \$900
- Associate Member \$825
- Supporting Member \$825
- Public Safety Membership Free (As long as government employed.)

Company Information

Applicants Company Name _____
(legal)

Applicants Company Name _____
(d/b/a if applicable)

Mailing Address _____
(Street) (**Room number or Suite**)

(City/State) (**Zip +4 Code**)

Shipping Address _____
(Street)

(City/State/Zip +4 Code)

Years in Business _____

Office Telephone Number(s) _____
() -

() -

Office Fax Number(s) _____

Cell Phone Name _____ () -

Number(s) Name _____ () -

E-Mail Name _____ @

Address Name _____ @

Company Website Address _____

Representatives

List individuals and their titles to represent your firm. Do they have the authority to speak and make decisions on behalf of your firm?

_____ Title _____ Yes / No

_____ Title _____ Yes / No

Brief description of your firm.

List the area your firm covers geographically _____

Would you or any member of your firm assist or volunteer to be on a committee or meet with a group visiting a city agency? Yes / No

List the names and telephone numbers of those individuals who are willing to participate on committees.

_____	Telephone #	()	-
_____	Telephone #	()	-

Number of Employees (please circle one) 1-5 6-12 13-20 21+

Statement of Acceptance

I attest that all the information stated above is true to my best knowledge and permit the confirmation and verification of the information stated. I further acknowledge that any misinformation or errors may require further information. Failure to provide this information may prevent this form from being processed and approved. Failure to be truthful may also prevent further processing of future applications from your firm or associated organizations.

Signature

Print Name

Date

Title

Fire Alarm System Distributors and Service Organization Member

New York State License # _____

Other Licenses _____ # _____

_____ # _____

_____ # _____

List NICET Certificated officer or owner, and areas certified in.

_____ # _____

_____ # _____

Is the firm approved as a New York City Smoke Detector Maintenance Company?

Yes / No Certificate # : _____

List manufacturers and product lists that you are factory authorized to sell and service.

List the names and telephone numbers of the factory representative who handles your account. How many years have you been selling and/or servicing this product?

_____ Telephone # () -

Product _____ Years Distributing _____

_____ Telephone # () -

Product _____ Years Distributing _____

_____ Telephone # () -

What percentage of your business is fire alarm related (sale and services)? _____%

Central Station Fire Alarm Monitoring Company Member

U.L Listed Yes / No Listing # _____

F.M. Approved Yes / No Approval # _____

New York City Fire Department Approved Yes / No
(attach current approval letter and the list of approved central station)

Manufacturer Member

Products Manufactured:

_____	_____
_____	_____
_____	_____
_____	_____

ISO Certified? Yes / No

ISO # _____

Engineering Firm Member

Licensed by: _____

License # _____

State Licensed: _____

Name of Licensed: _____

Area of Specialty Licensed: _____

Area of Practice: _____

Number of Years Licensed: _____