



Membership Application

Houston Gulf Coast Alarm Association (HGCAA)



Please print or type:

Company Information

Company Name:					
Physical Address:					
City:		State:		Zip:	
Mailing Address:					
City:		State:		Zip:	
Phone:		Fax:			
Web Site:					
Date of application:		In Business Since (date):			
Burglar Alarm License #		Fire Alarm License #			
Has applicant previously been a member of HGCAA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Employees:		
Sponsor Name					

Products and Services Offered

<input type="checkbox"/> Access Control	<input type="checkbox"/> Structured Wiring	<input type="checkbox"/> Own a Central Station	<input type="checkbox"/> Provide Contract Monitoring
<input type="checkbox"/> Burglar Alarms	<input type="checkbox"/> Home Automation	<input type="checkbox"/> IQ Certified	<input type="checkbox"/> Alarm Response
<input type="checkbox"/> Fire Alarms	<input type="checkbox"/> Audio & Video	<input type="checkbox"/> UL Listed	<input type="checkbox"/> Security Guards
<input type="checkbox"/> CCTV	<input type="checkbox"/> Telephone Systems	<input type="checkbox"/> FRMC Approved	<input type="checkbox"/> Central Vacuum
<input type="checkbox"/> Other Products or Services			

Official Primary Voting Representative

Name		Title	
Email		Direct Phone or Extension	
Signature*			

Official Alternate Voting Representative

Name		Title	
Email		Direct Phone or Extension	
Signature*			

* By signing you certify that all information contained in this application is true and accurate and acknowledge that false information can result in the denial of acceptance of this application and agree to abide by and subscribe to the bylaws, code of ethics and antitrust statement of the HGCAA as well as support and participate in all the activities of the Association(s) to the best of your abilities.

* **Fax and e-mail authorization:** I hereby authorize HGCAA to send me pertinent documents via fax at the above listed number, and/or e-mail at the above listed address. I recognize that such documents include but are not limited to billing statements, registration forms, HGCAA member communications, and official letters. I understand that granting this permission is a necessary component of my membership.

Annual Dues Owed

Check One	Member Type	Amount
<input type="checkbox"/>	Regular Membership: Requires that members are licensed by the Texas Private Security Board and/or the State Board of Insurance Office of the Fire Marshall, and pay annual dues that are detailed herein. Full member benefits.	\$125
<input type="checkbox"/>	Associate Membership: Requires that members are manufacturers, suppliers, or distributors of products relating to security equipment or systems, and pay annual dues that are detailed herein. Full member benefits.	\$125

Please forward application with check or money order (made out to HGCAA) to:

HGCAA
7635 Ashton Drive
Houston, TX 77095

Phone: (281) 859-4569
Fax: (281) 859-2869