Wisconsin Security Association Inc.
P.O. Box 28882
Greenfield, WI 53228

T 414.459.3260

info@wiesa.org • wiesa.org

APPLICATION FOR ASSOCIATE MEMBERSHIP

HEADQUARTERS INFORMATION		
Company Name:		
Address:		Suite/Unit:
City:	State:	ZIP Code:
Phone:	Fax:	
Website:		

CONTACT INFORMATION		
Primary Contact:		Title:
Address:		Suite/Unit:
City:	State:	ZIP Code:
Phone:	Fax:	
E-mail:		

Annual dues fees - $295.00 (please check box that applies)	
☐	Check Included
☐	Credit Card Authorization

Name on Card:	Card Number:	
Exp Date:	Card Type:	CVV:

HOW DID YOU HEAR ABOUT WISA?

COMPANY DATA					
Please indicate all products & services offered by your company					
☐	Access Control	☐	Intrusion Alarms	☐	Fire Alarms
☐	Home Automation	☐	Closed Circuit TV	☐	Monitoring Equipment
☐	Communication Equipment	☐	Software Service	☐	Consulting Services
☐	Energy Management	☐	Financial Service	☐	Research
☐	Locksmithing	☐	Other:		

EMAIL AUTHORIZATION
By completing and submitting this application, I hereby authorize the Wisconsin Security Association (WISA) to send me pertinent documents, association and industry information, via e-mail addresses listed on this application. I recognize that such documents include, but are not limited to, billing statements, registration forms, WISA member communications, and official letters. I understand that granting this permission is essential to the association's ability to communicate with me effectively.

ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE AND THE UNDERSIGNED ACKNOWLEDGES THAT FALSE INFORMATION CAN RESULT IN THE DENIAL OF ACCEPTANCE OF THIS APPLICATION. UPON APPROVAL, THE UNDERSIGNED AGREES TO ABIDE BY AND SUBSCRIBE TO THE BYLAWS, CODE OF ETHICS, AND ANTITRUST STATEMENT OF THE WISCONSIN SECURITY ASSOCIATION.

Signature of applicant:	
Title of applicant:	Date

Please email completed form to: executive.director@wiesa.org