

2016 – CCARSA MEMBERSHIP FORM

Communication, Control, Alarm, Remote, Signaling Association

Name: _____

Company/Organization Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____

Email Address: _____ MN License # (if applicable): _____

Please provide your **home** address **OR** Congressional District, so we know the Congressional District you vote - Thank You!

Street: _____ **OR** State Legislative Dist. _____

City: _____ State: _____ Zip: _____

2016 ANNUAL MEMBERSHIP DUES							
(Please Check <u>All</u> Applicable Boxes)							
<input checked="" type="checkbox"/> RENEWAL (UPDATE Information)			Dues (\$)	Legislative (1) Assessment (\$)	Total (\$)	<input type="checkbox"/>	
<input type="checkbox"/>	1 – 3	EMPLOYEES	150.00	0.00	150.00	<input type="checkbox"/>	Telecom./Cabling
<input type="checkbox"/>	4 – 20	EMPLOYEES	250.00	0.00	250.00	<input type="checkbox"/>	Telephone Installer
<input type="checkbox"/>	21 – 35	EMPLOYEES	400.00	0.00	400.00	<input type="checkbox"/>	Satellite Installer
<input type="checkbox"/>	36 +	EMPLOYEES	500.00	0.00	500.00	<input type="checkbox"/>	Security/Fire Alarm
<input type="checkbox"/>	(____)	ASSOCIATE	500.00	0.00	500.00	<input type="checkbox"/>	Sound/Cable TV
<input type="checkbox"/>	(____)	ASSOCIATION	500.00	0.00	500.00	<input type="checkbox"/>	Irrigation/Landscape
	(Fill in)					<input type="checkbox"/>	HVAC/Refrigeration
Please select accurate "employees/members" category so we can use these numbers for CCARSA's membership size when dealing with the legislature.						<input type="checkbox"/>	Central Vacuum
(1) Not needed at this time!						<input type="checkbox"/>	Power Limited Lighting
						<input type="checkbox"/>	Building Automation
						<input type="checkbox"/>	Automatic Garage Door
						<input type="checkbox"/>	Other Power Limited
						(Please Identify)	

I am able to provide CCARSA with my time & talents to help achieve its objectives Yes
 ⇒ Not able to at this time

CCARSA can distribute my membership information to other CCARSA members: (Please Check One)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Note: CCARSA does not disclose detailed membership information to outside sources.

Please Remit Payment with form OR Pay Online vis CC here <http://mkt.com/ccarsa>
 CCARSA, PO Box 50657, Mendota, MN 55150-0657

Check Here if you paid by Credit Card
 Your form can be emailed to: john@jramanagement.com

(For office use only)	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	