

*** Please Remit This Form With Renewal Dues Payment ***

CCARSA MEMBERSHIP FORM

Communication, Control, Alarm, Remote, Signaling Association

ANNUAL MEMBERSHIP DUES <small>(Please Check All Applicable Boxes)</small>					INDUSTRY TYPE(s) <small>(Please Check All Categories That Apply)</small>	
<input type="checkbox"/>	NEW MEMBERSHIP			Legislative ⁽¹⁾		
<input type="checkbox"/>	RENEWAL (UPDATE Information)	Dues (\$)	Assessment (\$)		Total (\$)	
<input type="checkbox"/>	1 – 3 EMPLOYEES	100.00	0.00		100.00	<input type="checkbox"/> Telecom./Cabling
<input type="checkbox"/>	4 – 20 EMPLOYEES	200.00	0.00		200.00	<input type="checkbox"/> Telephone Installer
<input type="checkbox"/>	21 – 35 EMPLOYEES	350.00	0.00		350.00	<input type="checkbox"/> Security/Fire Alarm
<input type="checkbox"/>	36 + EMPLOYEES	470.00	0.00		470.00	<input type="checkbox"/> Sound/Cable TV
<input type="checkbox"/>	() ASSOCIATE	470.00	0.00		470.00	<input type="checkbox"/> Irrigation/Landscape
<input type="checkbox"/>	() ASSOCIATION	470.00	0.00		470.00	<input type="checkbox"/> HVAC/Refrigeration
	<small>(Fill in)</small>					<input type="checkbox"/> Central Vacuum
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"/> Power Limited Lighting
(1) Not needed at this time!						<input type="checkbox"/> Building Automation
						<input type="checkbox"/> Automatic Garage Door
						<input type="checkbox"/> Other Power Limited
						<small>(Please Identify)</small>
I am able to provide CCARSA with my time & talents to help achieve its objectives =>						<input type="checkbox"/> Yes
						<input type="checkbox"/> Not able to at this time

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 in - Thank You!

Street: _____ OR State Legislative District _____

City: _____ State: _____ Zip: _____

CCARSA can distribute my membership information to other CCARSA members: (Please Check One) **YES** **NO**

Please Remit Payment and above Form To:

**4860 Mustang Circle,
Mounds View, MN 55118-4150**

Note CCARSA does not disclose detailed membership information to outside sources.