



South Carolina Alarm Association

Post Office Box 1763 Columbia, SC 29202 Phone: 803.252.0580 / 877.252.0580
Fax: 803.252.0589 Email: scaa@capconsc.com

Membership Application

Company Name _____

Address _____

Telephone _____ Fax _____

Email Address _____

CEO/Contact Person _____

Business Start-up Date _____

SCCA membership which includes NBFAA membership:

Mark the appropriate space to the number of employees.

<u>Number of Employees</u>	<u>Annual Dues</u>
1 - 5	\$ 378
6 - 10	\$ 540
11 - 15	\$ 670
16 - 25	\$ 865
26 - 50	\$ 1,483

For those companies with more than two (2) offices (main office and one branch), dues are determined by the number of employees in the main office plus \$200 for each additional branch. If you have more than one branch please list names and addresses on a separate piece of paper and attach it to this application.

Associate membership to the SCAA: \$200.00 Annually

Type of company: _____

I (we) agree that the SCAA can conduct a background check on the above information. I hereby release any and all records to the SCAA for the purpose of this check. Upon becoming a member of the SCAA, I (we) agree to abide by the ByLaws and the Code of Ethics of the SCAA and the NBFAA.

Signature _____ Date _____

Please mail your payment to the SCAA, Membership Department, PO Box 1763, Columbia, SC 29202. Make check payable to the SCAA in the amount of one full year's membership dues.