



P. O. Box 1585
Phone: 405-664-0270

APPLICATION FOR MEMBERSHIP

COMPANY NAME: _____

COMPANY LICENSE #: _____

DBA: _____

CONTACT NAME(S): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY PHONE: _____

CELL NO.: _____

EMAIL: _____

WEBSITE: _____

DESCRIPTION OF WORK PERFORMED: _____

Please choose your membership category:

REGULAR MEMBER: \$295 Annual Investment

Any company engaged in and licensed by the State of OK in the business of installing and providing alarm service, maintenance, or monitoring in the electrical field. Regular members receive full member benefits.

ASSOCIATE MEMBER: \$295 Annual Investment

Any company engaged in manufacturing, distributing, supplying, installing, or dealing in the selling of products or services related to burglar, fire alarm, and security field. Associate members receive full member benefits except voting rights and holding office.

Membership investment to OKBFAA is not deductible as a charitable expense but is 95% deductible as an ordinary and necessary business expense. An estimated 5% of the membership investment is a non-deductible lobbying expense.

CODE OF ETHICS

- To promote mutual interests of the electronic industry
- To follow all laws, rules and regulations as set forth by the State of Oklahoma, including the Alarm & Locksmith Industry Act
- To foster cordial relations among members
- To service as a medium for exchange and dissemination to members and the public, of information applicable to the field of burglar and fire alarms, monitoring, access control, CCTV, and nurse call
- To cooperate with others on matters affecting the business and common interest of the association members. That the Oklahoma Burglar and Fire Alarm Association members be guided by a spirit of justice, honor and fairness in all relations with members of their own and associated industries, realizing the Standard of Ethics maintained in their industry must vitally affect the Standards observed in such industries

WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE OKLAHOMA BURGLAR AND FIRE ALARM ASSOCIATION. WE WILL ABIDE BY ITS BY-LAWS, COMPLY WITH THE CODE OF ETHICS AND PAY THE ESTABLISHED DUES.

Signature: _____ Title: _____

CREDIT CARD INFORMATION

DATE _____ TOTAL DUES ENCLOSED: \$ _____

Credit card number and type: _____

Name on Card: _____

Expiration date: _____ Security Code _____ Zip Code for card: _____

Submit form to:

Danna Fowble, Executive Director
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www.okbfaa.org