

SAVTA Safe & Vault Technicians Association

1408 N. Riverfront Blvd, Suite 303, Dallas, TX 75207
214-819-9733 • FAX 469/453-5241

www.SAVTA.org

ASSOCIATE MEMBER APPLICATION

Please Type or Print (THIS INFORMATION WILL BE PUBLISHED IN *SAFE & VAULT TECHNOLOGY MAGAZINE*)

NAME OF BUSINESS _____ PHONE _____

STREET ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

WEB SITE ADDRESS _____

MAILING ADDRESS _____
(If different than above)

CITY _____ STATE _____ COUNTRY _____ ZIP _____

COMPANY CONTACT _____ TITLE _____

COMPANY CONTACT EMAIL _____ DIRECT PHONE _____

PRINCIPALS OF FIRM

NAME _____ TITLE _____

NAME _____ TITLE _____

NUMBER OF YEARS IN BUSINESS _____

DESCRIPTION OF PRODUCTS AND SERVICES _____

YES, I WANT TO BECOME AN SAVTA ASSOCIATE MEMBER. ENCLOSED IS **\$730** FOR DUES FOR A ONE-YEAR MEMBERSHIP.

CHECK

CREDIT CARD

VISA / MC / DISC / AMX ACCOUNT # _____ EXP. DATE _____ SEC _____

We pledge our cooperation to maintain high ethical standards in all activities that affect the SAVTA Safe and Vault Technicians Assoc.

We will work with the association and all its members to ensure the continuation of sound educational programs and offer quality products vital to the advancement of the industry.

SIGNATURE _____ TITLE _____ DATE _____

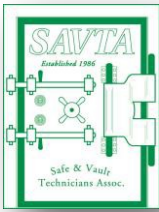
RETURN TO: SAVTA Safe and Vault Technicians Assoc.
1408 North Riverfront Blvd #303
Dallas, TX 75207

Phone: (214) 819-9733
Fax: (469) 453-5241
Email: membership@aloe.org

For office use only

Company in System?

Date rec'd: _____ Dues Pd.: _____ Membership Year: _____ By: _____



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ASSOCIATE MEMBER ROSTER

Product/ Service Category Listing

SAFE & VAULT TECHNOLOGY MAGAZINE

One Associate Member benefit you receive upon joining SAVTA is a monthly listing in *Safe & Vault Technology* of your company's products and services. We are limited on space in the magazine, so we offer the following general categories to represent the products you manufacture/distribute. Be sure to fill out this form AND the Associate Member Application and return both along with **\$730**.

Company _____

Address _____

City, St Zip _____ Country _____

Phone _____ Fax _____

E-mail _____ Website _____

Classification: Manufacturer Distributor Service Other

Categories (indicate all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Automotive Parts |
| <input type="checkbox"/> Bank Security Equipment | <input type="checkbox"/> Builder's Hardware |
| <input type="checkbox"/> Business/Technical/Educational | <input type="checkbox"/> CCTV/Photo Imaging/Related |
| <input type="checkbox"/> Electronic/Electronic Security Sys | <input type="checkbox"/> Lock Devices |
| <input type="checkbox"/> Tools / Equipment | <input type="checkbox"/> Safes / Vaults |
| <input type="checkbox"/> Other: Specify _____ | |

**If you have any questions, contact Membership at the
SAVTA offices: 214-819-9733, ext 2103; Fax 469-453-5241**

Return this form to:

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Membership
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