



ALOA

ALOA Security Professionals Association, Inc.

Membership Application

CANDIDATE PLEASE TYPE OR PRINT

Name: Mr. Mrs. Ms. First _____ Last _____ MI _____ Designation _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Home Phone _____ Fax _____

Email Address _____ Website _____

Date of Birth (required) _____ Place of Birth _____ Social Security # (required) _____

US Citizen? Yes No If No, citizen of what country? _____

ALOA occasionally makes its members' addresses (excluding phone numbers and email addresses) available to vendors who provide products and services to the industry. If you prefer not to be included in these lists, please check here:

PROFESSIONAL INFORMATION

Please check the description that best describes you (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Locksmith Owner | <input type="checkbox"/> Automotive | <input type="checkbox"/> Employee Technician |
| <input type="checkbox"/> Electronic Security | <input type="checkbox"/> Security Professional | <input type="checkbox"/> Mechanical Door Locks & Hardware |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Safes | <input type="checkbox"/> Investigative |
| <input type="checkbox"/> Other _____ | | |

Are you licensed to perform Locksmith/Access Control work in your state? Yes No If Yes, License # _____

Business License # _____ EIN # _____

Any other license held by applicant (Contractors Lic., Low Voltage) _____

Any other states you do business in and licenses held in those states _____

List all phone numbers used by your company/companies: _____

Number of Employees _____ Store Front Business Mobile Only

How did you learn locksmithing/access control? _____

How long have you worked in the locksmithing/security industry? _____

ALOA member Sponsor Name/Who introduced you to ALOA?
Sponsor Name (Required) _____ ALOA Number _____ Years known _____

Have you ever been a member of ALOA before? Yes No If Yes, when? _____ ID #, if known _____

Are you a member of any local locksmith association? Yes No If Yes, name of association: _____

Give the names and phone numbers of two industry-related references:

Name _____ Company _____ Phone Number _____

Name _____ Company _____ Phone Number _____

IMPORTANT: Have you ever been convicted of a felony? Yes No If yes, please give details on a separate sheet.

All convictions are reported to the Advisory Committee for review.

A routine background check is performed on all new applicants, unless you live in a State in which passing a background check is a part of the licensing requirements. Non-US citizen background checks are required. If you live in a country that does not allow third party background checks, you will be required to submit an authentic report upon request (no copies/duplicates allowed) before final membership approval can be granted. A copy of your business permit/license, license number, business card, company letterhead or suitable proof of employment in the locksmith/access control business must accompany application.

TYPES OF MEMBERSHIP AND REQUIREMENTS

Check only one box from the categories listed below:

Active Membership

Persons actively engaged in the locksmith/access control industry for a minimum of two years and have achieved one of ALOA's recognized program designations.

- US and US Territories \$221 I elect to Go Green \$200
- International \$240 I elect to Go Green \$170

International Association of Investigative Locksmiths Membership

Must be an ALOA Member in order to join the IAIL.

- US and US Territories \$50

Probationary Membership

Persons undergoing training to qualify as an Active member, and have not received one of ALOA's recognized program designations.No person shall be a Probationary member for more than three years.

- US and US Territories \$221 I elect to Go Green \$200
- International \$240 I elect to Go Green \$170

Probationary Membership – No Sponsorship Required

Persons undergoing training that are new to the industry and do not know any Active member for sponsorship. Probationary period extended from 90 days to one (1) year. Probationary status lifted if sponsor acquired within year. Must obtain license if residing in State requiring licensure. A second background check will be performed by ALOA after 2 years of the of the 3 year maximum term. Any violation of ALOA Code of Ethics during probationary period will result in immediate termination of membership.

- US and US Territories \$221 I elect to Go Green \$200
- International \$240 I elect to Go Green \$170

Allied Membership

Persons whose position in the locksmith/access control industry relates to locksmiths, and cannot qualify for any other class of membership.

- US and US Territories \$221 I elect to Go Green \$200
- International \$240 I elect to Go Green \$170

Note: Your application will be processed with a 90 day waiting period.

Any institutional locksmith not using his/her work address must submit a letter from employer stating that you are an institutional locksmith.

DUES AND FEES

An application fee and the appropriate dues must accompany the application in order for processing to begin. The dues amount for residents of the US and US Territories include a \$30 Legislative Assessment Fee (\$185 Dues and \$30 Legislative Assessment Fee=\$215). Application Fees Schedule:

US and US Territories \$60
Canada, Denmark, Ecuador, New Zealand\$150
Australia, Bahamas, Barbados, Belgium, Belize, Bermuda, China, France, Haiti, Philippines, UK..... \$200
Israel, Korea, Papua New Guinea, Saudi Arabia, United Arab Emirate..... \$350

Applicants from countries not listed must submit background check and report from local Law Enforcement with application.

FINAL CHECKLIST

- Required Proof of Employment in Industry
- Annual Dues Amount _____
- Application Fee _____
- Total Amount Due _____

METHOD OF PAYMENT

- Check MasterCard Visa American Express Discover

Card Number _____ Expiration Date _____ SEC _____

Print Name on Card _____

Signature _____ Date _____

I understand and consent that in the course of reviewing this application ALOA may review publically available information for the purpose of verifying the information submitted and do a background check.

I certify that all statements are true and, if accepted as a member, I agree to abide by the rules, regulations, and Bylaws of ALOA, and further agree to adopt the Code of Ethics of ALOA as my own, and adhere to it to the best of my ability. Should my membership be discontinued, I agree to return my membership card and cease use of all ALOA insignia.

Signature _____ Date Signed _____

Dues, Contributions, Gifts are not deductible as charitable contributions for Federal income tax purposes. Dues payments are deductible as an ordinary and necessary business expense. However, please note that the Legislative Assessment Fee and donations made to the Legislative Action Network ARE NOT deductible as a charitable gift or business expense.

Return to:

ALOA, 3500 Easy Street, Dallas, TX 75247
Fax (214) 819-9736 • Email: membership @aloe.org