ALOA Security Professionals Association, Inc.

ALOA Institutional Locksmith (AIL)

Membership Application

CANDIDATE PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Name: ❑ Mr. ❑ Mrs. ❑ Ms. First_____ Last_____ MI _____

Certifications _____

Mailing Address _____

City_____ State_____ Zip Code_____ Country _____

Work Phone_____ Home Phone_____ Fax _____

Email Address _____

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

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

EMPLOYER INFORMATION

Work Organization_____

Work Address_____

City_____ State_____ Zip Code_____ Country _____

PROFESSIONAL INFORMATION

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

❑ Locksmith ❑ Access Control Technician ❑ Locksmith Lead Man ❑ Supervisor
❑ Locksmith 1, 2 or 3 ❑ Carpenter ❑ Locksmith Foreman
❑ Other _____

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

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: _____

Required – must accompany application (select one):
❑ Employee ID (copy)
❑ Letter from facility for proof of current employment

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.

DUES AND FEES

An application fee and the appropriate dues must accompany the application in order for processing to begin.

Application Fee $70.00
Annual Dues..... .$265.00
Total Due $335.00

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

Purchase Order _____

Card Number_____ Expiration Date_____ SEC _____

Print Name on Card_____

Signature_____ Date_____

I understand and consent that in the course of reviewing this application AIL 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 AIL, and further agree to adopt the Code of Ethics of AIL 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 AIL insignia.

_____
Signature Date

Dues, Contributions, Gifts are not deductible as charitable contributions for Federal income tax purposes. Dues payments maybe deductible as Other Non-Reimbursed Employee Expenses.

Return to:
ALOA, 1408 N Riverfront Blvd #303, Dallas, TX 75207
Fax (469) 453-5241 • Email: membership@aloa.org