



**ALOA Security Professionals Association, Inc.**

# **International Association of Investigative Locksmiths**

## **Add-on Membership Application**

### **ELIGIBILITY FOR MEMBERSHIP**

All locksmiths, insurance investigators, law enforcement officers, federal investigators and security professionals who are actively engaged in their field, have an interest in Investigative Locksmithing and are current members of ALOA Security Professionals Association, Inc. are eligible for membership in the International Association of Investigative Locksmiths (IAIL).

**PLEASE TYPE OR PRINT**

### **CANDIDATE INFORMATION**

Name:  Mr.  Mrs.  Ms. First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

ALOA Member Number \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

US Citizen?  Yes  No If No, citizen of what country? \_\_\_\_\_

I hereby request membership in the International Association of Investigative Locksmiths and submit that I am actively engaged in the following:

Locksmith  Law Enforcement Officer  Federal Investigator  Insurance Investigator

Security Professional

Other \_\_\_\_\_

### **ENCLOSED DUES: \$65.00 (US Funds)**

#### **METHOD OF PAYMENT**

Check  MasterCard  Visa  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ SEC \_\_\_\_\_

Print Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have never been convicted of a felony or any crime involving fraud, dishonesty or breach of trust, and that I meet all the requirements for membership in IAIL.

I understand that in the course of reviewing this application IAIL may review publicly available information for the purpose of verifying the information submitted and perform a background check.

I certify that all statements are true, and as a member, I agree to abide by the rules, regulations, Bylaws and Code of Ethics of ALOA, to the best of my ability. Should my membership be discontinued, I agree to cease use of IAIL insignia.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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