



**ALOA Security Professionals Association, Inc.**  
**ALOA Institutional Locksmith (AIL)**  
**Membership Application**

**CANDIDATE PLEASE TYPE OR PRINT**  
**APPLICANT 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 # \_\_\_\_\_

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)

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Locksmith           | <input type="checkbox"/> Access Control Technician | <input type="checkbox"/> Locksmith Lead Man | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Locksmith 1, 2 or 3 | <input type="checkbox"/> Carpenter                 | <input type="checkbox"/> Locksmith Foreman  |                                     |
| <input type="checkbox"/> Other _____         |  |   |                                     |

Locksmith License #, if applicable: \_\_\_\_\_

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

Required – must accompany application:

- Employee ID (copy)

**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.

**TYPES OF MEMBERSHIP (SELECT ONE)**

- \$85 **AIL Only:** Electronic privileges only. Magazine, membership card and certificate available on the website. No voting rights and use of AIL logo only. Applicant may only participate in the institutional locksmiths certification program (IPRP).
- \$280 **Regular:** All privileges of AIL and ALOA, including monthly printed magazine, membership card and certificate, use of AIL and ALOA logo, election voting rights. Applicant may participate in IPRP certification and all certifications of ALOA.

**DUES AND FEES**

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

- Annual Dues
  - \$85..... AIL only
  - \$280.....Regular
  - \$240..... Go Green Regular
- Application Fee (for Regular Membership only) .....\$80

**FINAL CHECKLIST**

- Required Proof of Employment in Industry (Copy of employee ID)
- Annual Dues Amount \_\_\_\_\_
- Application Fee \_\_\_\_\_
- Total Amount Due** \_\_\_\_\_

**METHOD OF PAYMENT (Effective 2/1/2024 there will be a 3% surcharge on all credit card payments).**

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.

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Signature \_\_\_\_\_ **Date Signed** \_\_\_\_\_

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