

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

CANDIDATE PLEASE TYPE OR PRINT APPLICANT INFORMATION

Name: I Mr. I Mrs. I Ms.	First	Last		MI
Certifications				
Mailing Address				
City	State Z	ip Code	Country	
Work Phone	Home Phone		Fax	
Email Address				
Date of Birth (required)	Place of Birth	_ Place of Birth Social Security #		
US Citizen? 🗆 Yes 🗅 No If I	No, citizen of what country?			
	EMPLOYER	INFORMATION		
Work Organization				
Work Address				
City	State Z	ip Code	_ Country	
	PROFESSION	L INFORMATION		
	st describes you (check all that app			
 Locksmith Locksmith 1, 2 or 3 Other 	Access Control Technician Carpenter	Locksmith Foren		Supervisor
Locksmith License #, if applie	cable:			
Are you a member of any loc	al locksmith association? 🗅 Yes 🗅	No If Yes, name of assoc	iation:	

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)

- □ \$90 **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).
- \$285 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

⊒\$90	AIL only
	Regular
	Go Green 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 member-ship be discontinued, I agree to return my membership card and cease use of all AIL insignia.

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@aloa.org