

This is an application for Company Membership in the ALOA Security Professionals Association, Inc. Companies employing more than one employee may elect a single membership that will provide limited benefits to multiple individuals. The dues for a Company Membership are \$325 per year plus \$105 for each additional employee enrolled.

CANDIDATE PLEASE TYPE OR PRII	NT			
Name of Company				·
Company Representative		PRP Des	ignation	Title
Company Address				
City	State	Zip Code	Country	
Phone		Fax		
Email Address				
REQUIREMENTS FOR CON Company Membership requires that the ship status as defined in the ALOA by learned employees under the membership enrolled under the Company's member Application, and must be approved by administrative fee of \$20 each. An enrolled	he representative m aws. The representa ip for <b>\$105</b> each. <i>A</i> ership umbrella. Enr ALOA. You may rep	ust be an ALOA membe ative is entitled to cast on Company Member Emplo collment forms for emplo blace enrolled employees	ne vote for the Company.  oyee enrollment form is in the second of the s	Company Members may required for each employee the Company Membership
BENEFITS OF COMPANY M Company Members of ALOA receive a tion, Company Members receive acce tion, an opportunity to be profiled in K other benefits available to ALOA mem	all member mailings ess to ALOA's <i>Memb</i> <i>eynotes</i> magazine,	pers Only section of the	website, discounts on cl	asses and PRP Certifica-
Application Fee: \$8		mber of employees enrolle	rd)	
Total Amount Enclosed:				
Receipt of this application by ALOA are bership shall be acknowledged in write IMPORTANT: Membership application requirements are fulfilled. Application provide all information requested to as I understand and consent that in the convertifying the information submitted and agree to abide by the rules, regulation adhere to it to the best of my ability. Somy membership card and certificate.	ring by ALOA and wins are processed ar processing takes be void delays in applications of reviewing the doa background as, and Bylaws of AL	ill include an official Mennd approved if all require etween 30 and 60 days. cation processing. this application ALOA macheck. I certify that all since. OA, and further agree to	nbership Certificate from ements for membership in Incomplete applications ay review available inforr tatements are true and, in adopt the Code of Ethic	n the association. Including certification Including c
Signature		Date Signed		
METHOD OF PAYMENT (Effective 2 ☐ Check ☐ MasterCard ☐ Visa ☐ A			III credit card payment	s).
Card Number		Expiration Da	te	SEC
Print Name on Card				
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