

ALOA Security Professionals Association, Inc.

Headquarters Office • 1408 N. Riverfront Blvd #303 • Dallas,
Texas 75207 214/819-9733 • FAX 469/453-5241

www.aloa.org

membership@aloe.org

ASSOCIATE MEMBER APPLICATION

Please fill in this FORM completely. (THIS INFORMATION WILL BE PUBLISHED IN *KEYNOTES MAGAZINE*)

NAME OF BUSINESS _____ PHONE _____

STREET ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

WEB SITE ADDRESS _____ E-MAIL _____

MAILING ADDRESS _____
(If different than above)

CITY _____ STATE _____ COUNTRY _____ ZIP _____

COMPANY CONTACT _____ TITLE _____

KEY CONTACT _____ PHONE _____

PRINCIPALS OF FIRM

NAME _____ TITLE _____

NAME _____ TITLE _____

NUMBER OF YEARS IN BUSINESS _____

DESCRIPTION OF PRODUCTS AND SERVICES: _____

YES, I WANT TO BECOME AN ALOA ASSOCIATE MEMBER. ENCLOSED IS \$ 880 FOR DUES FOR A ONE-YEAR MEMBERSHIP.
(Effective 2/1/2024 there will be a 3% surcharge on all credit card payments).

CHECK CHARGE

VISA / MC / DISC /AMX ACCOUNT # _____ EXP. DATE _____ SEC _____

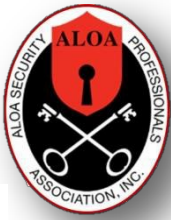
We pledge our cooperation to maintain high ethical standards in all activities that affect the ALOA Security Professionals Association.
We will work with the association and all its members to ensure the continuation of sound educational programs and offer quality products vital to
the advancement of the industry.

SIGNATURE _____ TITLE _____ DATE _____

RETURN TO: ALOA Security Professionals Association, Inc.
1408 N. Riverfront Blvd #303
Dallas, TX 75207

Phone: (214) 819-9733
Fax: (469) 453-5241
Email: membership@aloe.org

For office use only
Date rec'd: _____ Dues Pd.: _____ Year: _____ By: _____



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ASSOCIATE MEMBER ROSTER

Product/ Service Category Listing

For Keynotes Magazine

One Associate Member benefit you receive upon joining ALOA is a monthly listing in *Keynotes* of your company's products and services. We are limited on space in the magazine, so we offer the following general categories to represent the products you manufacture/distribute. Be sure to fill out this form AND the Associate Member Application and return both along with \$880.

Company _____

Address _____

City, St Zip _____ Country _____

Phone _____ Fax _____

E-mail _____ Website _____

Classification: Manufacturer Distributor Service Other

Categories (indicate all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Automotive Parts |
| <input type="checkbox"/> Bank Security Equipment | <input type="checkbox"/> Builder's Hardware |
| <input type="checkbox"/> Business / Technical / Educational | <input type="checkbox"/> CCTV / Photo Imaging / Related |
| <input type="checkbox"/> Electronic / Electronic Security Sys | <input type="checkbox"/> Lock Devices |
| <input type="checkbox"/> Tools / Equipment | <input type="checkbox"/> Safes/ Vaults |
| <input type="checkbox"/> Other: Specify _____ | |

**If you have any questions, contact Kevin at the ALOA
offices: 1-800-532-2562, 214-819-9733, Fax 469 453-5241**

Return this form to:

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