



ALOA

ALOA Security Professionals Association, Inc.

Apprentice Application

CANDIDATE PLEASE TYPE OR PRINTName: Mr. Mrs. Ms. First _____ Last _____ MI _____ Designation _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Home Phone _____ Fax _____

Email Address _____

Date of Birth (required) _____ Place of Birth _____ Social Security # (required) _____

US Citizen? Yes No If No, citizen of what country? _____

ALOA occasionally makes its members' addresses (excluding phone numbers and email addresses) available to vendors who provide products and services to the industry. If you prefer not to be included in these lists, please check here:

Name of Training Facility _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Contact Email _____

Instructor(s) Name(s) _____

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.

A routine background check is performed on all new applicants, unless you live in a State in which passing a background check is a part of the licensing requirements. Non-US citizen background checks are required. If you live in a country that does not allow third party background checks, you will be required to submit an authentic report upon request (no copies/duplicates allowed) before final membership approval can be granted.

MEMBERSHIP AND REQUIREMENTS

Apprentice Membership

Persons actively engaged in or recently graduated from an ALOA recognized training facility for the purpose of learning the locksmith/access control industry. Must provide a copy of Certificate of Completion or proof of training if still engaged in training. There is no sponsorship required for Apprentice Membership. Applicants will go through a background check. Apprentice Membership is good for 2 years at which time membership must be converted to Active Membership or terminated.

- US and US Territories \$ 105.00
- Application Fee \$ 70.00

FINAL CHECKLIST

- Required Proof of Employment in Industry _____
- Annual Dues Amount _____
- Total Amount Due _____

METHOD OF PAYMENT

- Check MasterCard Visa American Express Discover

Card Number _____ Expiration Date _____ SEC _____

Print Name on Card _____

Signature _____ Date _____

I understand and consent that in the course of reviewing this application ALOA 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 further agree to adopt the Code of Ethics of ALOA 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 ALOA insignia.

Signature Date Signed

Dues, Contributions, Gifts are not deductible as charitable contributions for Federal income tax purposes. Dues payments are deductible as an ordinary and necessary business expense. However, please note that the Legislative Assessment Fee and donations made to the Legislative Action Network ARE NOT deductible as a charitable gift or business expense.

Return to:
ALOA, 1408 N. Riverfront Blvd #303, Dallas, TX 75207
Email: membership@aloea.org