



ALOA

ALOA Security Professionals Association, Inc.

Company Employee Membership Application

Each employee enrolled under the membership of an ALOA Company Member must complete this form. Form must be submitted with the Company Membership application or when adding or replacing a previous enrolled employee. The dues for a Company Employee Membership is **\$110.00** for each employee enrolled.

CANDIDATE PLEASE TYPE OR PRINT

Name of Company Member Business _____

Employee Name _____ PRP Designation _____

Company Member Name _____

Company Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____

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

REQUIREMENTS FOR COMPANY EMPLOYEE MEMBERSHIP

Company Employee Membership requires that the Company representative must be an ALOA member and meet the qualifications of *Active* membership status as defined in the ALOA bylaws. The representative is entitled to cast one vote for the Company. Company Members may enroll employees under the membership for **\$110.00** each. *A Company Member Employee enrollment form is required for each employee enrolled under the Company's membership umbrella. Enrollment forms for employees must accompany the Company Membership Application, and must be approved by ALOA.* You may replace enrolled employees during the fiscal year for an additional administrative fee of \$20 each. An enrollment form is required for new or replacement employees.

BENEFITS OF COMPANY EMPLOYEE MEMBERSHIP

Company Employee Members of ALOA receive all correspondence at the Company address. In addition, Company Employee Members receive access to ALOA's *Members Only* section of the website, discounts on convention classes and PRP Certification exams and other benefits (except voting) available to all ALOA members. One copy of *Keynotes* magazine for every two employees enrolled will be sent to the Company address.

PAYMENT INFORMATION

Employee Enrollment Fee: **\$110.00** Total Amount Enclosed: _____

Receipt of this application by ALOA and applicable fees remitted **DOES NOT** constitute approval of membership. Approval of membership shall be acknowledged in writing by ALOA.

IMPORTANT: Membership applications are processed and approved if all requirements for membership including certification requirements are fulfilled. Application processing takes between 30 and 60 days. Incomplete applications will be returned. Please provide all information requested to avoid delays in application processing.

I understand and consent that in the course of reviewing this application ALOA may review 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 acknowledge that all company member employee benefits will cease.

Signature _____

Date Signed _____

METHOD OF PAYMENT (There is a 3% surcharge on all credit card payments).

☐ Check ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number _____ Expiration Date _____ SEC _____

Print Name on Card _____

Signature _____ Date _____

Return via fax to (469) 453-5241, or mail to ALOA Membership Department, 1408 N. Riverfront Blvd #303, Dallas, TX 75207
Contact Membership Department at (214) 819-9733, email: membership@aloea.org