



# ALOA

## ALOA Security Professionals Association, Inc.

# Membership Application

### CANDIDATE PLEASE TYPE OR PRINT

Name:  Mr.  Mrs.  Ms. First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_ Designation \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

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:

### PROFESSIONAL INFORMATION

Please check the description that best describes you (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Locksmith Owner     | <input type="checkbox"/> Automotive            | <input type="checkbox"/> Employee Technician              |
| <input type="checkbox"/> Electronic Security | <input type="checkbox"/> Security Professional | <input type="checkbox"/> Mechanical Door Locks & Hardware |
| <input type="checkbox"/> Institutional       | <input type="checkbox"/> Safes                 | <input type="checkbox"/> Investigative                    |

Other \_\_\_\_\_

Are you licensed to perform Locksmith/Access Control work in your state?  Yes  No If Yes, License # \_\_\_\_\_

Business License # \_\_\_\_\_ EIN # \_\_\_\_\_

Any other license held by applicant (Contractors Lic., Low Voltage) \_\_\_\_\_

Any other states you do business in and licenses held in those states \_\_\_\_\_

List all phone numbers used by your company/companies: \_\_\_\_\_

Number of Employees \_\_\_\_\_  Store Front Business  Mobile Only

How did you learn locksmithing/access control? \_\_\_\_\_

How long have you worked in the locksmithing/security industry? \_\_\_\_\_

ALOA member Sponsor Name/Who introduced you to ALOA?

Sponsor Name (Required) \_\_\_\_\_ ALOA Number \_\_\_\_\_ Years known \_\_\_\_\_

Have you ever been a member of ALOA before?  Yes  No If Yes, when? \_\_\_\_\_ ID#, if known \_\_\_\_\_

Are you a member of any local locksmith association?  Yes  No If Yes, name of association: \_\_\_\_\_

Give the names and phone numbers of two industry-related references:

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone Number \_\_\_\_\_

**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. A copy of your business permit/license, license number, business card, company letterhead or suitable proof of employment in the locksmith/access control business must accompany application.

**TYPES OF MEMBERSHIP AND REQUIREMENTS**

Check only one box from the categories listed below:

**Active Membership**

Persons actively engaged in the locksmith/access control industry for a minimum of two years and have achieved one of IAAL's recognized program designations.

- US and US Territories \$280  I elect to Go Green \$240
- International \$290  I elect to Go Green \$210

**International Association of Investigative Locksmiths Membership**

Must be an ALOA Member in order to join the IAIL.

- US and US Territories \$65

**Probationary Membership**

Persons undergoing training to qualify as an Active member, who have not received one of IAAL's recognized program designations. No person shall be a probationary member for more than three years.

- US and US Territories \$280  I elect to Go Green \$240
- International \$290  I elect to Go Green \$210

**Probationary Membership – No Sponsorship Required**

Persons undergoing training that are new to the industry and do not know any Active member for sponsorship. Probationary period extended from 90 days to one (1) year. Probationary status lifted if sponsor acquired within year. Must obtain license if residing in State requiring licensure. A second background check will be performed by ALOA after 2 years of the 3 year maximum term. Any violation of ALOA Code of Ethics during probationary period will result in immediate termination of membership.

- US and US Territories \$280  I elect to Go Green \$240
- International \$290  I elect to Go Green \$210

**Allied Membership**

Persons whose position in the locksmith/access control industry relates to locksmiths, and cannot qualify for any other class of membership.

- US and US Territories \$280  I elect to Go Green \$240
- International \$290  I elect to Go Green \$210

Note: Your application will be processed with a 90 day waiting period.

Any institutional locksmith not using his/her work address must submit a letter from employer stating that you are an institutional locksmith.

**DUES AND FEES**

An application fee and the appropriate dues must accompany the application in order for processing to begin.

Application Fee Schedule:

Table with 2 columns: Country/Region and Dues Amount. Includes US and US Territories (\$80), Canada, Denmark, Ecuador, New Zealand (\$170), Australia, Bahamas, Barbados, Belgium, Belize, Bermuda, China, France, Haiti, Philippines, UK (\$210), Israel, Korea, Papua New Guinea, Saudi Arabia, United Arab Emirates (\$360). Note: Applicants from countries not listed must submit background check and report from local Law Enforcement with application.

**FINAL CHECKLIST**

- Required Proof of Employment in Industry
- Annual Dues Amount \_\_\_\_\_
- Application Fee \_\_\_\_\_
- 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 publicly 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.

Return to: ALOA, 1408 N. Riverfront Blvd #303, Dallas, TX 75207 Fax (469) 453-5241 • Email: membership @aloe.org