

## **ELIGIBILITY FOR MEMBERSHIP**

All locksmiths, automotive locksmiths, employee technician, electronic security and security professionals who are actively engaged in their field, have an interest in Automotive Locksmithing and are current members of ALOA Security Professionals Association, Inc. are eligible for membership in the International Association of Automotive Locksmiths (IAAL).

## PLEASE TYPE OR PRINT CANDIDATE INFORMATION

Name: DMr. Mrs. Ms. Fi	rst	Last		MI
ALOA Member Number				
Business Name				
Mailing Address				
City	State	Zip Code	Country _	
Work Phone	Cell Phone_		Fax	
Email Address				
Date of Birth	Place of Birt	h		
US Citizen? 🗅 Yes 🗅 No If No	, citizen of what country?			
I hereby request membership in following:	the International Association	on of Automotive Locks	miths and submit that	I am actively engaged in the
following: Locksmith Security Professional	Automotive	Employ	ee Technician	Electronic Security
❑ Other				

## ENCLOSED DUES: \$55.00 (US Funds)

## METHOD OF PAYMENT (Effective 2/1/2024 there will be 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	

I certify that I have never been convicted of a felony or any crime involving fraud, dishonesty or breach of trust, and that I meet all the requirements for membership in IAAL.

I understand that in the course of reviewing this application IAAL may review publicly available information for the purpose of verifying the information submitted and perform a background check.

I certify that all statements are true, and as a member, I agree to abide by the rules, regulations, Bylaws and Code of Ethics of ALOA, to the best of my ability. Should my membership be discontinued, I agree to cease use of IAAL insignia.

Signature