



IAAL

INTERNATIONAL ASSOCIATION of AUTOMOTIVE LOCKSMITHS

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? _____

IAAL 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 IAAL?

Sponsor Name (Required) _____ ALOA/IAAL 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.

TYPES OF MEMBERSHIP AND REQUIREMENTS

Check only one box from the categories listed below:

IAAL Membership

Persons actively involved in the Automotive Locksmith industry for a minimum of 2 years and having verifiable business relations in good standing with an Industry recognized supplier of Automotive Locksmith supplies and tools.

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> US and US Territories | \$280 | <input type="checkbox"/> I elect to Go Green | \$240 |
| <input type="checkbox"/> International | \$290 | <input type="checkbox"/> I elect to Go Green | \$210 |

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

DUES AND FEES

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

Application Fee Schedule:

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

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 (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 understand and give consent that in the course of reviewing this application IAAL 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 IAAL, and further agree to adopt the Code of Ethics of IAAL 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 IAAL 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:
IAAL, 1408 N. Riverfront Blvd #303, Dallas, TX 75207
Fax (469) 453-5241 • Email: membership @aloe.org