ALOA Security Professionals Association, Inc.
ALOA Institutional Locksmith (AIL)
Corporate Member Application

Please Type or Print (THIS INFORMATION WILL BE PUBLISHED IN AIL PUBLICATIONS AND DIRECTORY)

Name of Business: ____________________________________________ Phone: __________________________

Street Address __________________________________________________ Fax ___________________________

City_________________________ State___________ Country_____________________ ZIP __________________________

Website Address ___________________________________________________ Email ___________________________

Mailing Address (if different from above) __________________________________________________________

City_________________________ State___________ Country_____________________ ZIP __________________________

Firm Rep __________________________ Title ___________________________________________________________

Key Contact __________________________ Title __________________________ Phone __________________________

PRINCIPLES OF FIRM

Name ________________________________________________________________ Title _____________________________________________________

Name ________________________________________________________________ Title _____________________________________________________

Number of Years in Business __________________________________________________________________________________________________________

Description of Products and Services ___________________________________________________________________________________________________

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_________________________________________________________________________________________________________________________________________

YES, I WANT TO BECOME AN AIL CORPORATE MEMBER. ENCLOSED IS $370 TOTAL FOR THE APPLICATION FEE ($70) PLUS DUES FOR A ONE-YEAR MEMBERSHIP ($300).

☐ Check ☐ Charge

☐ VISA ☐ MC ☐ DISC ☐ AMERICAN EXPRESS

ACCOUNT # __________________________________________ Expiration Date __________________________

We pledge our cooperation to maintain high ethical standards in all activities that affect AIL & ALOA Security Professionals Association.

We will work with the association and all its members to ensure the continuation of sound educational programs and offer quality products vital to the advancement of the industry.

_________________________ TITe __________________________ Date Signed

Signature

FOR ALOA USE ONLY

Date Received ____________________________ Dues Paid______________ Year________________________ By______________________

Return to:
ALOA, 3500 Easy Street, Dallas, TX 75247
Phone: (214) 819-9733 • Fax (214) 819-9736
Email: membership @aloa.org

Revised 11/29/16