



ALOA Security Professionals Association, Inc.

ALOA Institutional Locksmith (AIL) Facilities Membership Application

This is an application for facility membership in ALOA Institutional Locksmiths. Your institution must be a facility whose main purpose is not locksmithing. Facilities employing more than one locksmith may elect facility membership which will provide benefits to multiple individuals. The dues for facility membership are \$315 per year, plus \$70 for each additional locksmith.

FACILITY INFORMATION PLEASE TYPE OR PRINT

Name of Institution _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Email _____

FACILITY MANAGER

Name: Mr. Mrs. Ms. First _____ Last _____ MI _____

Job Title _____ Certification(s) _____

Address (if different than above) _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Email _____

INDIVIDUAL LOCKSMITHS AT YOUR FACILITY: (full name with middle initial)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

To add more locksmiths, use back of application.

BENEFITS OF FACILITIES MEMBERSHIP

Members of AIL receive all member mailings and the Association's electronic newsletter, *ALOA E-Newsletter*. In addition, facility members receive access to the ALOA's Members Only section of the website, discounts on classes, PRP Certification, an opportunity to be profiled in *Keynotes*, one copy of *Keynotes* for every two employees enrolled, and other benefits available to ALOA members.

PAYMENT INFORMATION

Facility Dues: \$315 + \$70 x _____ (number of locksmiths enrolled) **Total facility membership fees enclosed:** _____

METHOD OF PAYMENT

Check or Money Order # _____ MasterCard Visa American Express Discover

Purchase Order _____

Card No. _____ Exp. Date _____ Cardholder Signature _____

Receipt of this application by AIL and applicable fees remitted DOES NOT constitute approval of membership. Approval of membership shall be acknowledged in writing by AIL and will include an official Membership Certificate from the association. **IMPORTANT:** Application processing takes between 30 and 90 days. Incomplete applications will not be reviewed. Please provide all information requested to avoid delays in application processing.

I understand that in the course of reviewing this application, AIL may review available information for the purpose of verifying the information submitted and conduct a background check. I certify that all statements are true and, if accepted as a member, I agree to all the rules, regulations, and Bylaws of ALOA, and further adopt the Code of Ethics as my own, and adhere to it to the best of my ability. Should membership be discontinued, I agree to remove all 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) 469-5241 • Email: membership @aloha.org