



LOCKSMITH MEMBERSHIP APPLICATION QUESTIONS

Scott Cook 817-999-9029 or John Arnold 972-978-8697

| | | |
|-------------------------|---------------------|------------------|
| (For office use only) | Date Rec'd: _____ | Date Appr. _____ |
| NEW MEMBERSHIP # _____ | Amt.Rec'd: \$ _____ | Check # _____ |
| TX Registration # _____ | Receipt # _____ | |

Dear Applicant,

Thank you for your inquiry into membership with the **ASSOCIATED LOCKSMITHS OF NORTH TEXAS**. In accordance with the Bylaws of the Association, turn in this completed form, any documentation needed, application fee, and prorated dues. We will vote on your application at the next regular meeting. These Rules and Regulations **MUST** be followed

APPLICATION FOR (CHECK ONE) :

_____ **Active Member.** Persons who are actively engaged in the locksmith/access control industry, and can provide at least two of the following items: Character reference from a member of the corporation; Current membership in Associated Locksmiths of America, Texas Locksmiths Association, or another locksmith association approved by the board, provided the membership is in good standing; Character reference from two locksmith/access control industry related sources; Proof of employment in the locksmith/access control industry: Texas locksmith license. \$40.00 Application fee & \$50.00 dues prorated.

Associate Member. See Associate Application.

_____ **Affiliate Member.** Other persons who are not actively engaged in the locksmith access control industry, but have an interest in these industries. They must meet other qualifications for membership. These members may be spouses, non-locksmith employees of companies, or others. These members may attend meetings, do not pay dues, must be sponsored by a member in good standing, may not vote, and must be approved by membership at a regular members' meeting. \$0.00 DUES.

I, THE UNDERSIGNED, KNOW _____ AND RECOMMEND HIM/HER FOR MEMBERSHIP IN THE ASSOCIATED LOCKSMITHS OF NORTH TEXAS TO BE OF GOOD CHARACTER.

| | | |
|-------------------------------|-----------------|---------------|
| _____ SIGNATURE OF SPONSOR | _____ ALNT # | _____ DATE |
|-------------------------------|-----------------|---------------|

NOTICE!!! HAVE YOU DONE THE FOLLOWING ?

1. Provided documentation of membership qualifications.
2. Signed and dated your application?
3. Attached a check or money order made payable to: ASSOCIATED LOCKSMITHS OF NORTH TEXAS

I certify, by my signature below, all information submitted on this application is true to the best of my knowledge and belief. I understand if I am admitted to membership on the basis of information I have furnished and such Information should later be shown to be untrue, I am subject to immediate expulsion, and agree to such action in that event. If accepted for membership, I pledge that the Bylaws, Rules, Regulations and Policies of the association to which I am applying for membership shall govern me. I certify that I will comply with Texas licensing requirements.

| | |
|---------------------------------|----------------|
| _____ Applicant's Signature: | _____ Date: |
|---------------------------------|----------------|

MAIL YOUR COMPLETED APPLICATION AND CHECK TO:

Mr. Scott Cook, President
ALNT
3636 Spring Valley Drive
Bedford, TX 76021

LOCKSMITH MEMBERSHIP APPLICATION

Please TYPE or print with BLACK INK so your copies will be LEGIBLE

APPLICANT'S NAME: _____

Last Name

First Name

Middle Initial

Mailing Address: _____

Street & # or PO Box

City

State

Zipcode

Home Address: _____

(If Diifferent)

Street & # or PO Box

City

State

Zipcode

Business NAME: _____

Business Address: _____

Street & # or PO Box

City

State

Zipcode

Home Phone: () Business Phone: () Cell Phone: ()

E-Mail: _____

_____ Check Here If You Do Not wish for newsletter, announcements, notices by e-mail

Social Security No. : _____ Drivers License No. : _____ State _____

Date of Birth: _____ Place of Birth: _____ State _____
MO / DAY / YEAR

Name of Next of Kin: _____ Relationship: * _____ Date of Birth: _____

* If Married Date of Anniversary: _____

Address: _____

(If Not Living With You)

Street & # or PO Box

City

State

Zipcode

Are You Licensed?: _____ What is the name of licensee and number? _____

Are You sole; Owner _____ Partner _____ Corp. Officer _____ Employee _____ Student _____

If Employee, give name of Owner: _____

Employed by: _____ Address: _____ City: _____

Phone: () How long have you worked in the Locksmith Industry? _____

Are you currently a student of a Locksmith School? If so, Name: _____

Where were you trained for Locksmith or Security work? _____

If school, Name. _____ If OJT, where? If both, list both: _____

Have you ever been censured or reprimanded by any quasi-governmental body, such as a Better Business Bureau, for unethical business practices or conduct? If you answered "YES" to any question in this section, please explain the circumstances on a separate sheet of paper and attach it to this application.

Membership

Do you belong to a national, state or local locksmith association? Which one(s)? _____

Name, Address & Phone of a character reference. (Someone who knows you well, but not necessarily a locksmith.)

Name Street & # or PO Box City State Zipcode Phone #