



MEMBERSHIP APPLICATION

Name

Home Address

City State/Province Zip

Phone Fax E-mail

Company

Title

Company Address

City State/Province Zip

Phone Fax E-mail

My Preferred Mailing Address is: Business Home Address

Have passed any locksmith certification tests?
 RL CRL CPL CML CPS CMS other?

ALOA Membership #(optional)

Type Of membership (Circle your Choice)
Apprentice \$25 Regular \$75 Associate \$125

Do you spend all your employable time in the locksmith field? Yes No

How many years have you been in the locksmithing field?

Did you attend any school of locksmithing? Yes No (School _____)

Do you specialize in any one locksmith field:

Would you be willing to exchange information and knowledge with other members of this association (Brief class at a meeting)?
 Yes No

Sponsor 1 Name

Sponsor's Company

Sponsor 2 Name

Sponsor's Company

Make Check to: Minnesota Chapter Of Associate Locksmiths Of America
 413 East 18th Street,
 Hastings, Minnesota 550333-3113

Your Signature: By signing this application, I certify that all information provided to the Minnesota Chapter Of Associate Locksmiths Of America is correct and accurate.
 Signature of Applicant: _____ Date: _____
 This application for membership requires the applicant's presence at a meeting or function of the association before it will be acted upon.