



# Institutional Locksmiths' Association

The "In-House Locksmith" Association  
<http://www.ilanational.org>



## Associate and Corporate Individual Membership Application

Personal Information		
Last Name:	First Name:	Middle Name/Initial:
Nickname:	DOB:	SSN: <i>must supply if requested see Note*</i>
Home Address:		
City:	State:	Zip:
Home Phone:	E-mail:	
Business Information		
Work Organization:		
Job Title:	Certification(s):	
Work Address:		
City:	State:	Zip:
Work Phone:	Work E-mail:	
Immediate Supervisor:	Contact Phone:	
<b>Mail Preference: Please send all correspondence to my:</b> <input type="checkbox"/> Home <input type="checkbox"/> Business		
Reference Information (Non-relative)		
Last Name:	First Name:	Contact Phone:
Work Organization:	Job Title:	
Signature:		
Sponsor Information		
Last Name:	First Name:	ILA Member No.:
Work Organization:		
Job Title:	Contact Phone:	
How long have you known your sponsor?		
Other Locksmith / Security Organization Membership Information		
Organization:	Member No.:	
Organization:	Member No.:	
<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details on the reverse.)		
Membership Classification (Please check one)		
<input type="checkbox"/> Corporate Individual	(Corporation membership must be in good standing)	\$ 50.00 per year
<input type="checkbox"/> Associate	(Distributor, etc.)	\$ 100.00 per year
<b>Membership Fee: (Please fill in amount from above)</b>		<b>\$</b>
<b>Non-Refundable Application Fee:</b>		<b>\$ 20.00</b>
<b>Make check payable to: Institutional Locksmiths' Association</b>		<b>Total Amount Enclosed (Do Not Send Cash) \$</b>
<p>I voluntarily give the <b>Institutional Locksmiths' Association</b> permission to conduct a thorough background investigation for the exclusive purpose of determining my eligibility for membership. Accordingly, I authorize and instruct any person contacted, including police, regulatory or other agency, to furnish any and all information concerning the above, and within the constraints of law and public policy, to authorized representatives of the <b>Institutional Locksmiths' Association</b> for said purpose. Furthermore, I understand that providing false information may result in termination of membership.</p> <p>*The <b>Institutional Locksmiths' Association</b> may request an applicant or member to provide their Social Security number at any time with regard to the above statement. Failure to provide a Social Security number may result in termination of membership.</p>		<p><b>Send form and payment to:</b>  <b>Institutional Locksmiths' Association</b>            PO Box 1459            New York, NY 10159-1459</p>
<b>Applicant's Signature:</b>		<b>Date:</b>
<b>For ILA Use Only:</b>		December 2008 version 1.0