



Louisiana-Mississippi Locksmiths Association, Inc.



Application for Membership

Thank you for your inquiry into membership in the Louisiana-Mississippi Locksmiths Association. The purpose of our association is to promote and further the interests of the locksmith industry in Louisiana and Mississippi by education and fellowship among members.

We offer two levels of membership. Please check one.

_____ **ACTIVE REGULAR MEMBERSHIP:**

Individuals actively engaged in the locksmith industry who are at least 18 years of age and have at least two years of experience.

_____ **APPRENTICE MEMBERSHIP:**

Individuals who are at least 16 years of age and meet the eligibility requirements of active members except for age and experience. They have no voting rights and cannot hold office in the organization. They will automatically become an active member when all eligibility requirements are met.

Applications for both regular membership and apprentice membership should be accompanied by a check in the amount of \$75.00 (\$15.00 application fee and \$60.00 annual dues) made payable to Louisiana -Mississippi Locksmiths Association and a passport size photo.

Mail applications to:

**John Morovich
5808 Benjamin Street
Alexandria, LA 71303-3907**



Louisiana-Mississippi Locksmiths Association, Inc.

(Please Print or Type)

APPLICANTS NAME _____
Last First Middle Init.

MAILING ADDRESS _____
Street # or P. O. Box City State Zip

HOME ADDRESS _____
If Different Street # or P. O. Box City State Zip

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

HOME (____) _____ **WORK** (____) _____ **CELL** (____) _____

FAX (____) _____ **EMAIL** _____

SOCIAL SECURITY # _____ **DRIVER'S LICENSE #** _____ **STATE** _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
Month/day/year City State

ARE YOU SOLE OWNER _____, **PARTNER** _____, **EMPLOYEE** _____; **CORP:** _____ **OFFICER** _____

IF EMPLOYEE, GIVE NAME OF OWNER _____

HOW LONG HAVE YOU BEEN A LOCKSMITH? _____

HAVE YOU HAD ANY FORMAL TRAINING? _____ **IF SO, BY WHO?** _____

DO YOU BELONG TO ANY OTHER LOCKSMITH ORGANIZATIONS? _____

<i>Name of Organization</i>	<i>Membership #</i>	<i>Address</i>

<i>Name of Bank</i>	<i>Branch</i>	<i>City, State</i>	<i>Contact Person</i>

CHARACTER REFERENCE _____

(Someone you know well, not necessarily a locksmith) *Name Address Phone #*

PROVIDE NAMES AND ADDRESSES AND PHONE #'S OF TWO INDUSTRY RELATED REFERENCES

1. _____

2. _____

FOR OFFICIAL USE ONLY:

Application Fee _____ **Dues** _____ **Method of Payment: Check #** _____ **Other** _____

Date Received _____ **Date Approved** _____

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

HAVE YOU EVER BEEN CONVICTED OF?:

A FELONY _____, A CRIME OF MORAL TURPITUDE _____, THEFT _____,
SUBSTANCE ABUSE _____, OR ANY OTHER CRIME AGAINST SOCIETY, OTHER THAN A
TRAFFIC TICKET? _____, ARE YOU CURRENTLY UNDER INVESTIGATION BY ANY LAW
ENFORCEMENT AGENCY? _____. HAVE YOU BEEN CENSURED OR REPRIMANDED BY
ANY QUASI-GOVERNMENTAL BODY, SUCH AS THE 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.

I certify, by my signature below, that all information submitted on this application is true to the best of my knowledge. I understand that if I am admitted to membership on the basis of the information I have furnished and such information should later be shown untrue, that I am subject to immediate expulsion and agree to such action in that event. If accepted for membership, I pledge that I shall be governed by the Constitution, By Laws, Rules, Regulations, and Polices of this Association.

SIGNATURE: _____ **DATE:** _____

SPONSORSHIP: Under the provisions of our Constitution and By Laws, all applications for membership must be *sponsored by two regular members in good standing.*

We, the undersigned, recommend _____ for membership in the Louisiana-Mississippi Locksmith Association.

1. _____
signature *print signature* *date(m/d/y)* *Membership #*

2. _____
signature *print signature* *date(m/d/y)* *Membership #*

DID YOU ???

- 1. ATTACH PHOTO WITH YOUR APPLICATION?**
- 2. ATTACH A BUSINESS CARD OR LETTERHEAD WITH COMPANY NAME AND ADDRESS?**
- 3. OBTAIN TWO SPONSORSHIP SIGNATURES?**
- 4. SIGN AND DATE YOUR APPLICATION?**
- 5. ATTACH CHECK OR MONEY ORDER MADE PAYABLE TO:**
Louisiana-Mississippi Locksmiths Association