South Jersey Locksmiths Association, Inc.
Application for Membership

PLEASE PRINT CLEARLY

LAST NAME:_____ **FIRST NAME:**_____ **MI:**____ **TITLE:**_____
CRL,CML,Ect

COMPANY NAME:_____

COMPANY ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP CODE:**_____

HOME PHONE:___/___/_____ **BUSINESS:**___/___/_____ **FAX:**___/___/_____

DRIVER LICENSE#_____ **STATE:**_____

LOCKSMITH LICENSE # _____ **DATE OF BIRTH:**___/___/_____

COMPANY: OWNER:_____ **EMPLOYEE:**_____ **OTHER:**_____ **YEARS ENGAGED:**____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY? NO___ YES___ IF YES, SEE BACK***

ARE YOU BONDED? YES___ NO___ IF NOT, CAN YOU BE BONDED? YES___ NO___

PRESENT EMPLOYER:_____

ADDRESS:_____ **CITY:**_____ **STATE:**____

TELEPHONE NUMBER:___/___/_____ **YOUR E-MAIL:**_____

LIST LAST THREE EMPLOYERS:

1 NAME:_____ **ADDRESS:**_____ **PHONE:**_____

2 NAME:_____ **ADDRESS:**_____ **PHONE:**_____

3 NAME:_____ **ADDRESS:**_____ **PHONE:**_____

LIST RESIDENCE PRESENT AND FOR PAST THREE YEARS:

1 _____

2 _____

PRESENT MAIL ADDRESS:_____

All information must be supplied along with required signatures of applicant and sponsors, for application to be accepted.
A non refundable application fee of $25.00 must accompany application.

SECURITY TRADE BACKGROUND: (SCHOOLING, TRAINING CERT , JOB EXPERIENCE) MUST SUBMIT COPIES WITH APPLICATION

1 _____

2 _____

3 _____

TRADE REFERENCES: (NAME, ADDRESS, TELEPHONE)

1 _____ **Phone:**_____

2 _____ **Phone:**_____

PERSONAL REFERENCES: (NAME, TELEPHONE)

1 _____ **Phone:**_____

2 _____ **Phone:**_____

3 _____ **Phone:**_____

The undersigned applicant attests that the statements on this application are true and agrees to abide by all the rules and regulations of the South Jersey Locksmiths Association, Inc., and its bylaws. $25.00 Application Fee is not refundable

The undersigned also agrees that he or she may be subject to a background security check performed by the membership committee.

APPLICANTS SIGNATURE:_____ **DATE:** _____ /_____ /_____

SPONSORING MEMBER:_____ **Member#**_____

SPONSORING MEMBER :_____ **Member#**_____

*** EXPLAIN ANY CONVICTIONS OR FELONIES WITH DATES: (AI SO LIST MUNICIPALITY AND/OR STATE AUTHORITY)

_____

_____

_____

APPLYING AS: ACTIVE ☐ **APPRENTICE** ☐ **ASSOCIATE** ☐ **OTHER** ☐

SJLA MEMBERSHIP COMMIITEE ONLY IN THIS SPACE

Date Application Received ___/___/_____

Application fee $25.00 Cash ___ Check ___ CC ___ Treasurer Initial____

Application Verification Date ____/____/_____ Accepted___ Rejected ___ Reason _____

Publish Date___/___/_____ Meeting Presentation Date___/___/_____

Applicant Contacted for attendance at next meeting Date___/___/_____

Closed Ballot Vote Date ___/___/_____ Accepted___ Rejected___

Dues Received Date___/___/_____ $_____ Treasurer Initial____

Member accepted as: Active ___ Apprentice ___ Associate ___

Membership Number Assigned #_____