



South Jersey Locksmiths Association, Inc.
Application for Membership

MEMBERSHIP
NUMBER

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 \$20.00 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. \$20.00 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: (ALSO LIST MUNICIPALITY AND/OR STATE AUTHORITY)

APPLYING AS: ACTIVE APPRENTICE ASSOCIATE OTHER

SJLA MEMBERSHIP COMMITTEE ONLY IN THIS SPACE

APPLICATION/SECURITY VERIFICATION: ACCEPT: REJECT REASON: _____

MEMBERSHIP TYPE APPLIED FOR: ACTIVE APPRENTICE ASSOCIATE OTHER

APPLICATION FEE: \$ 20.00. CHECK# _____ CASH

DATE PAID ____ / ____ / ____ **RECEIVED BY:** _____

VOTE DATE: ____ / ____ / ____ **ACCEPT:** **REJECT REASON:** _____

ACCEPTED AS MEMBER TYPE: ACTIVE APPRENTICE ASSOCIATE OTHER

MEMBER NUMBER: _____