



Application for Membership

(Please print or type all information legibly)

MASSACHUSETTS LOCKSMITHS ASSOCIATION, INC.

Date: _____ Email: _____

Name: _____
Last First Middle

Home Address: _____

Tel. #. _____ U.S. Citizen? _____

Place of Birth: _____ Date of Birth: _____

Do you operate your own business? Yes No Full Time Part Time Year Established _____

Number of employees: _____ Store Front Only Mobile Only Both Store Front & Mobile

If Yes, You Must Submit At Least Two Or More Of The Following Forms, W-9, Sales Tax Certificate, Insurance Certificate Or Copy Of Your Corporate Seal The application will not move to the investigating committee without at least 2 of the above forms

Have you ever been a member of the M.L.A? Yes No, If yes what year _____ I.D. # _____,

As a Regular Journeyman Apprentice Student

Are you a member of any other Locksmith Associations? If so where: _____

Business Name: _____

Business Address: _____

If you're applying as an employee, Institutional Locksmith or Student, please submit a letter of employment from your employer or Instructor.

List your present Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Tel. #. _____

List all Previous Employers for the past 5 years (start with the most recent) if necessary use a separate sheet of paper:

Name: _____ Tel. #. _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Tel. #. _____

Address: _____ City: _____ State: _____ Zip: _____

How did you receive your training? _____

Have you attended any Locksmithing schools? If necessary use a separate sheet of paper: _____

References: 2 Wholesalers from which you purchase supplies:

Name: _____ Tel. #. _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

Name: _____ Tel. #. _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

Personal Reference:

Name: _____ Tel. #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____

-<= Sponsor Must be a Regular Member and Will be Contacted to Verify the Applicant. =>-

Sponsor: _____ ID: #. _____ Tel. #. _____

I am Applying for Membership as a, Choose from the list below:

MLA USE ONLY ↓

- Regular: This is to certify that I am working as a locksmith or safe technician full time for more than two years. # _____
- Journeyman This is to certify that I am working as a locksmith or safe technician full time for less than two years. # _____
- Apprentice This is to certify that I am working as a locksmith or safe technician as a part time occupation. # _____
- Student This is to certify that I am attending a locksmith training facility. # _____

I hereby agree and grant permission to the M.L.A membership committee and its officer's permission to copy and forward this document and any publicly available information found on line for the purpose of verifying the above information submitted to the association for doing a background check.

I further authorize all such persons, organizations, companies, and agencies to furnish to the association any opinions, papers and records which in any way bear upon my fitness as a locksmith in becoming a member of the M.L.A.

I release from liability of any kind, any person or company who returns any of the information stated above.

I certify that all statements are true and, if accepted as a member, I agree to abide by the rules, regulations, and Bylaws of the Massachusetts Locksmiths Association, and further agree to adopt the code of Ethics of the M.L.A. as my own, and adhere to it to the best of my ability. Should my membership be discontinued, I agree to return my membership card and cease the use of all of the M.L.A. insignias and logos.

CODE OF ETHICS

1. That the dignity of their chosen profession may be perpetuated, it is the duty of all members of the MLA to:
2. Conduct themselves in a dignified manner and to avoid using any improper or questionable methods of soliciting professional work,
3. Cooperate in advancing the best interest of the locksmith trade by voluntary interchange of general information and experience with fellow locksmiths and,
4. encourage and promote loyalty in the trade and interest in public welfare, always ready to apply their special knowledge, skills, and training for the use and betterment of the trade.

_____ Date: _____

Applicant's Signature

A Dues Check For \$80.00 Must Be Submitted With Your Application, It Is Refundable If Application Is Denied:

MEMBERSHIP COMMITTEE REPORT

Date of Application Received: _____ Check #. _____

Date of Investigation: _____

Investigators: _____

Investigating Committee Report: _____

Date of Committee Report to the Executive Board: _____

Date of Committee Report to Membership Body: _____

Date Applicant Printed in the Newsletter: _____

Date of M.L.A. Membership Vote: _____

Date of Notification to Applicant: _____

Revised March 2017

Return Completed Application to:

M.L.A. Membership Chairman

1173 Bedford St.

Fall River, MA. 02723