

Application for membership  
**Middle Tennessee Locksmith Association**

Mail To:  
Jay Reedy  
Houston County Lock & Key  
425 Coleman Lane  
Erin, TN 37061  
931-721-6828

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First MI Last Name Locksmith License #

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Business Name or Employer Locksmith Co. #

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E-mail address (\_\_\_\_) Phone # (\_\_\_\_) Fax #

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Business Address

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City State Zip

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Home address (\_\_\_\_) Home Phone #

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City State Zip

Mail:  Business  Home Business License # \_\_\_\_\_ County \_\_\_\_\_

Are you:  Sole owner  Partner  Employee  Student

If employee, give owner's name: \_\_\_\_\_

How did you learn locksmithing? \_\_\_\_\_

Please list any memberships in other associations:

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What areas do you specialize in? \_\_\_\_\_

What classes would you be willing to teach? \_\_\_\_\_

What classes would you like to attend? \_\_\_\_\_

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MTLA sponsors (Two are required)

(1) \_\_\_\_\_ (2) \_\_\_\_\_

*Type of membership* – Please check only one.

**Active membership:** Persons actively engaged in the locksmith trade currently possessing a valid locksmith business license or working for a licensed locksmith.

**Associate membership:** Persons involved in the manufacturing of equipment or services to the locksmith or security industry.

**Apprentice membership:** Persons involved in training by an association member or enrolled in a correspondence course, etc.

**Prospective members must attend two regular meetings to be considered for membership and will be subject to a 1 year probationary period.**

**Member’s business contact information will be added to the association website after the 1 year probationary period is up.**

**Annual dues in the amount of \$50.00 will be due immediately upon confirmation of membership. We ask that you donate to the Legislative fund which helps maintain the license law for the betterment of our trade.**

**(NOT REQUIRED FOR MEMBERSHIP)**

**Dues will be payable each January thereafter in order to maintain membership.**

**By signing below, I certify that all statements are true and if accepted as a member, I agree to abide by the rules, regulations and Bylaws of MTLA.**

**Failure to provide truthful information on this application may cause revocation of membership. I further authorize MTLA representatives to investigate all character references and statements made on this application.**

**Please attach a current copy of the items below:**

- 1. STATE ISSUED LOCKSMITH LICENSE**
- 2. SECURITY INDUSTRY REFERENCE LIST**
- 3. BUSINESS CARD**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For office use only:*  FBI/TBI Background Check  Association Membership Vote  MTLA Sponsors  \$30.00 fee  
Date Accepted \_\_\_\_\_ Date Notified \_\_\_\_\_ Dated Dues Paid \_\_\_\_\_