

Application for Membership
MIDDLE TENNESSEE LOCKSMITH ASSOCIATION
PO BOX 293237
NASHVILLE TN 37229-3237

First MI Last Name Birthdate Social Security #

Business Name Business Telephone #

Pager # Cellular / PCS Telephone # Fax #

Business Address

City State Zip

Home Address Home Telephone #

City State Zip

Mail: Business Home Business Lic. # _____ County _____

Are You: Sole Owner Partner Employee Student

If employee, give name of owner: _____

Are you currently working in the security industry? Yes No

If yes, how long? _____ Percent of work spent in locksmithing _____ %

How did you learn locksmithing? _____

Please list membership in any other locksmith associations _____

What areas do you specialize in? _____

What classes would you be willing to instruct? _____

What classes would you like to attend? _____

Have you ever been convicted of a felony? _____ If yes, when: _____
Charge _____ Where _____

MTLA Sponsors (Two are required.)

1. _____

2. _____

Type of Membership -- Please check only one:

Active Membership -- Individuals actively engaged in the locksmith trade currently possessing a valid locksmith business license or working for a licensed locksmith.

Associate Membership -- Individuals involved in the manufacturing of equipment or services to the locksmith or security industry.

Apprentice Membership -- Individuals involved in training by an association member or enrolled in a correspondence course, etc.

Annual dues in the amount of \$40.00 plus a legislative assessment fee of \$40.00 will be due immediately upon confirmation of membership. Second year dues will be prorated from the date of membership. Dues will be payable each January thereafter in order to maintain membership. A \$30.00 non-refundable application fee must accompany this application and is used to perform a background check. Please enclose \$110.00 total.

Perspective members must attend two regular meetings to be considered for membership.

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 and perform a formal criminal background check.

Please attach a current copy of items below.

1. **BUSINESS LICENSE**
2. **BUSINESS LIABILITY INSURANCE \$300,000.00 MINIMUM**
3. **BUSINESS CARD**
4. **EMAIL ADDRESS**

Signature _____ Date _____

for office use only: FBI/TBI Background Check Association Membership Vote MTLA Sponsors \$110.00 Fee
Date Accepted _____ Date Notified _____ Date Dues Paid _____