



# WEST MICHIGAN LOCKSMITH ASSOCIATION

## Membership Application/Renewal

Welcome to the West Michigan Locksmith Association, an association for persons involved in the security industry as locksmiths, security consultants, educators, manufacturers, or distributors in the West Michigan and surrounding area.

To apply for membership, please complete this application and submit it with the dues for the current year and your business card, company letterhead, or suitable proof of employment. The Board reviews all applications. To renew your membership please enter your name, fill in any changes to your information, enter your membership number on the back of this form and return with your dues by the October meeting.

All of the following questions **MUST** be answered before this application may be processed (Please print).

### PERSONAL INFORMATION

Mr. Mrs. Ms.

First Name \_\_\_\_\_ Mi \_\_\_\_\_ Last Name \_\_\_\_\_ Birthday \_\_\_\_\_ Social Security # \_\_\_\_\_

Business Name \_\_\_\_\_ Business Tel. # \_\_\_\_\_

Business Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ Home Tel. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mail: Bus.  Home  Directory Listing: Bus:  Home  None

### PROFESSIONAL INFORMATION

Are you a sole owner \_\_\_\_, Partner \_\_\_\_, corp. officer \_\_\_\_, employee \_\_\_\_, student \_\_\_\_

Are you currently engaged in the security industry? No  Yes  If yes, how long \_\_\_\_\_

If you belong to any other Locksmith associations please list them here: \_\_\_\_\_

Give names and addresses of two industry related references:

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ If yes, when: \_\_\_\_\_

charge \_\_\_\_\_ where: \_\_\_\_\_

I certify that all statements are true and if accepted as a member, I agree to abide by the rules, regulations, and Bylaws of WMLA and further agree to adopt the Code of Ethics of WMLA 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 use of all WMLA insignia.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(See reverse side for Dues and Mailing information)



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ANNUAL DUES: \$35.00

Please make check payable to **West Michigan Locksmith Association**.

Return to:

**West Michigan Locksmith Association**  
**P.O. Box 3123**  
**Kalamazoo, MI 49003**  
**Phone: (269) 327-8400**

**For office use only** (if renewal, fill in membership number if you know it)

Received \$ \_\_\_\_\_ Number \_\_\_\_\_

Date Rec'd. \_\_\_\_\_ Dues paid through \_\_\_\_\_