



ALOA Security Professionals Association, Inc.

International Association of Investigative Locksmiths

Add-on Membership Application

ELIGIBILITY FOR MEMBERSHIP

All locksmiths, insurance investigators, law enforcement officers, federal investigators and security professionals who are actively engaged in their field, have an interest in Investigative Locksmithing and are current members of ALOA Security Professionals Association, Inc. are eligible for membership in the International Association of Investigative Locksmiths (IAIL).

PLEASE TYPE OR PRINT

CANDIDATE INFORMATION

Name: Mr. Mrs. Ms. First _____ Last _____ MI _____

ALOA Member Number _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Cell Phone _____ Fax _____

Email Address _____

Date of Birth _____ Place of Birth _____

US Citizen? Yes No If No, citizen of what country? _____

I hereby request membership in the International Association of Investigative Locksmiths and submit that I am actively engaged in the following:

Locksmith Law Enforcement Officer Federal Investigator Insurance Investigator

Security Professional

Other _____

ENCLOSED DUES: \$65.00 (US Funds)

METHOD OF PAYMENT (Effective 2/1/2024 there will be a 3% surcharge on all credit card payments).

Check MasterCard Visa American Express Discover

Card Number _____ Expiration Date _____ SEC _____

Print Name on Card _____

Signature _____ Date _____

I certify that I have never been convicted of a felony or any crime involving fraud, dishonesty or breach of trust, and that I meet all the requirements for membership in IAAIL.

I understand that in the course of reviewing this application IAAIL may review publicly available information for the purpose of verifying the information submitted and perform a background check.

I certify that all statements are true, and as a member, I agree to abide by the rules, regulations, Bylaws and Code of Ethics of ALOA, to the best of my ability. Should my membership be discontinued, I agree to cease use of IAAIL insignia.

Signature _____

Date Signed _____

Return to:
ALOA, 1408 N. Riverfront Blvd #303, Dallas, TX 75207
Fax (469) 453-5241 • Email: membership @aloe.org