



*Louisiana-Mississippi Locksmiths Association, Inc.*



### **Application for Membership**

**Thank you for your inquiry into membership in the Louisiana-Mississippi Locksmith Association. The purpose of our association is to promote and further the interests of the locksmith industry in Louisiana and Mississippi by education and fellowship among members.**

**We offer two levels of membership. Please check one.**

\_\_\_\_\_ **ACTIVE REGULAR MEMBERSHIP:**

Individuals actively engaged in the locksmith industry that are at least 18 years of age and have at least two years of experience.

\_\_\_\_\_ **APPRENTICE MEMBERSHIP:**

Individuals who are at least 16 years of age and meet the eligibility requirements of active members except for age and experience. They have no voting rights and cannot hold office in the organization. They will automatically become an active member when all eligibility requirements are met.

**Applications for both regular membership and apprentice membership should be Accompanied by a check in the amount of \$75.00 (\$15.00 application fee and \$60.00 annual dues) made payable to Louisiana -Mississippi Locksmiths Association and a passport size photo.**

**Mail applications to:**

**John A. Nassour, CRL  
P. O. Box 820425  
Vicksburg, MS 39182-0425  
(601) 636-7879**



**Louisiana-Mississippi Locksmiths Association, Inc**



(Please Print or Type)

**APPLICANTS NAME** \_\_\_\_\_  
*Last First Middle Init.*

**MAILING ADDRESS** \_\_\_\_\_  
*Street # or P. O. Box City State Zip*

**HOME ADDRESS** \_\_\_\_\_  
*If Different Street # or P. O. Box City State Zip*

**NAME OF BUSINESS** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**HOME PHONE #** (\_\_\_\_) \_\_\_\_\_ **WORK** (\_\_\_\_) \_\_\_\_\_ **CELL** (\_\_\_\_) \_\_\_\_\_

**FAX #** (\_\_\_\_) \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_  
*Month/day/year City State*

**ARE YOU SOLE OWNER** \_\_\_\_, **PARTNER** \_\_\_\_, **EMPLOYEE** \_\_\_\_, **CORP:** \_\_\_\_ **OFFICER** \_\_\_\_

**IF EMPLOYEE, GIVE NAME OF OWNER** \_\_\_\_\_

**HOW LONG HAVE YOU BEEN A LOCKSMITH?** \_\_\_\_\_

**HAVE YOU HAD ANY FORMAL TRAINING?** \_\_\_\_ **IF SO, BY WHO?** \_\_\_\_\_

**DO YOU BELONG TO ANY OTHER LOCKSMITH ORGANIZATIONS?** \_\_\_\_\_

\_\_\_\_\_  
*Name of Organization Membership # Address*

\_\_\_\_\_  
*Name of Bank Branch City, State Contact Person*

**CHARACTER REFERENCE** \_\_\_\_\_  
*(Someone you know well, not necessarily a locksmith) Name Address Phone #*

**PROVIDE NAMES AND ADDRESSES AND PHONE #'S OF TWO INDUSTRY RELATED REFERENCES**

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

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

\*\*\*\*\*  
**FOR OFFICIAL USE ONLY:**

**Application Fee** \_\_\_\_\_ **Dues** \_\_\_\_\_ **Method of Payment: Check #** \_\_\_\_\_ **Other** \_\_\_\_\_

**Date Received** \_\_\_\_\_ **Date Approved** \_\_\_\_\_

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

**HAVE YOU EVER BEEN CONVICTED OF?**

A FELONY \_\_\_\_\_, A CRIME OF MORAL TURPITUDE \_\_\_\_\_, THEFT \_\_\_\_\_,  
SUBSTANCE ABUSE \_\_\_\_\_, OR ANY OTHER CRIME AGAINST SOCIETY, OTHER THAN A  
TRAFFIC TICKET ? \_\_\_\_\_, ARE YOU CURRENTLY UNDER INVESTIGATION BY ANY LAW  
ENFORCEMENT AGENCY ? \_\_\_\_\_, HAVE YOU BEEN CENSURED OR REPRIMANDED BY  
ANY QUASI-GOVERNMENTAL BODY, SUCH AS THE BETTER BUSINESS BUREAU, FOR  
UNETHICAL BUSINESS PRACTICES OR CONDUCT? \_\_\_\_\_

**IF YOU ANSWERED "YES" TO ANY QUESTION IN THIS SECTION, PLEASE EXPLAIN THE CIRCUMSTANCES ON  
A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION.**

I certify, by my signature below, that all information submitted on this application is true to the best of my  
knowledge. I understand that if I am admitted to membership on the basis of the information I have  
furnished and such information should later be shown untrue, that I am subject to immediate expulsion and  
agree to such action in that event. If accepted for membership, I pledge that I shall be governed by the  
Constitution, By Laws, Rules, Regulations, and Polices of this Association.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*  
SPONSORSHIP:

*Under the provisions of our Constitution and By Laws, all applications for membership  
must be sponsored by two regular members in good standing.*

We, the undersigned, recommend \_\_\_\_\_ for  
membership in the Louisiana-Mississippi Locksmith Association.

- 1. \_\_\_\_\_  
signature print signature date (m/d/y) Membership #
- 2. \_\_\_\_\_  
signature print signature date (m/d/y) Membership #

\*\*\*\*\*  
**DID YOU ???**

- 1. ATTACH PHOTO WITH YOUR APPLICATION?**
- 2. ATTACH A BUSINESS CARD OR LETTERHEAD WITH COMPANY NAME AND ADDRESS?**
- 3. OBTAIN TWO SPONSORSHIP SIGNATURES?**
- 4. SIGN AND DATE YOUR APPLICATION?**
- 5. ATTACH CHECK OR MONEY ORDER MADE PAYABLE TO:**  
Louisiana-Mississippi Locksmiths Association