

**The Missouri-Kansas Locksmith Association  
Application for Membership**

**The Missouri - Kansas Locksmith Association  
P.O. Box 12493  
N. Kansas City, Mo. 64116**

The Missouri-Kansas Locksmith Association, Inc. is an association of locksmiths whose purpose and object is to encourage, promote, aid in and affect the voluntary interchange among the membership of data, information, experience, ideas, knowledge methods, and techniques relating to the field of locksmithing. All members pledge to conduct themselves in a dignified manner, to avoid using any improper or questionable methods of soliciting professional work and to decline patronage. Members further pledge to promote public welfare, always ready to apply their special knowledge, skill, and training for the use and betterment of the craft.

**NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST

**HOME ADDRESS:** \_\_\_\_\_

**PHONE #** (\_\_\_\_) \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

**PHONE #** (\_\_\_\_) \_\_\_\_\_

**U.S. CITIZEN** YES \_\_\_\_ NO \_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**SEX:** M \_\_\_\_ F \_\_\_\_ **HEIGHT:** \_\_\_\_ **WEIGHT:** \_\_\_\_

**HAIR:** \_\_\_\_ **EYES:** \_\_\_\_

**PREVIOUS ADDRESS, IF AT PRESENT ADDRESS LESS THAN 5 YEARS:**

\_\_\_\_\_  
ADDRESS, CITY, STATE & ZIP

**I WORK AS:** (PLEASE CHECK ONLY ONE)

\_\_\_\_ INDEPENDENT LOCKSMITH

\_\_\_\_ GOVERNMENT EMPLOYEE

\_\_\_\_ SECURITY CONSULTANT

\_\_\_\_ INDUSTRIAL LOCKSMITH

\_\_\_\_ INSTITUTIONAL SECURITY

\_\_\_\_ OTHER

Please Give Description. \_\_\_\_\_

Please circle one answer.

**ARE YOU CURRENTLY A MEMBER OR, OR HAVE BEEN A MEMBER OF ANY SAFE-LOCK RELATED ORGANIZATION?      YES      NO**

**LIST ORGANIZATION & GIVE MEMBERSHIP # \_\_\_\_\_**

**ARE YOU CURRENTLY LICENSED OR BONDED?      YES      NO**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES      NO**

**HAVE YOU EVER BEEN LICENSED IN ANY OTHER STATE AS AN OWNER, MANAGER OR EMPLOYEE OF A LOCKSMITH BUSINESS?      YES      NO**

- **HAVE YOU EVER HAD A SECURITY CLEARANCE SUSPENDED, DENIED OR REVOKED?      YES      NO**
  
- **HAS YOUR APPLICATION FOR A LICENSE AS AN OWNER, MANAGER OR EMPLOYEE OF A LOCKSMITH BUSINESS EVER BEEN REFUSED?      YES      NO**
  
- **HAS YOUR LICENSE AS AN OWNER, MANAGER OR EMPLOYEE OF A LOCKSMITH BUSINESS      EVER BEEN REVOKED OR SUSPENDED IN ANY STATE?      YES      NO**
  
- **HAVE YOU OR MEMBERS OF YOUR BUSINESS, EVER BEEN CONVICTED OR ANY OFFENSE IN MISSOURI, KANSAS OR ANY OTHER STATE OR ARE THERE ANY CRIMINAL CHARGES AGAINST YOU OR ANY MEMBERS OF YOUR BUSINESS NOW PENDING (OTHER THAN MINOR TRAFFIC VIOLATIONS, ETC)?      YES      NO**

**IF YOU ANSWERED YES TO ANY OF THE LAST FOUR QUESTIONS GIVE DETAIL:**

**EMPLOYMENT HISTORY:**

**Complete the following for the entire period of the past five (5) years.  
List most recent first.**

**EMPLOYER'S NAME:**

**EMPLOYERS ADDRESS:**

**NATURE OF BUSINESS:**

**DATE OF EMPLOYMENT                      FROM:                      TO:**

**EMPLOYER'S NAME:**

**EMPLOYERS ADDRESS:**

**NATURE OF BUSINESS:**

**DATE OF EMPLOYMENT                      FROM:                      TO:**

**EMPLOYER'S NAME:**

**EMPLOYERS ADDRESS:**

**NATURE OF BUSINESS:**

**DATE OF EMPLOYMENT                      FROM:                      TO:**

**EMPLOYER'S NAME:**

**EMPLOYERS ADDRESS:**

**NATURE OF BUSINESS:**

**DATE OF EMPLOYMENT                      FROM:                      TO:**

**EMPLOYER'S NAME:**

**EMPLOYERS ADDRESS:**

**NATURE OF BUSINESS:**

**DATE OF EMPLOYMENT                      FROM:                      TO:**

**REFERENCES: List the names & address of two (2) people (not related to you) who can attest to your reputation for honesty & fair character, experience & ability who are not members of MKLA.**

**NAME:**

**ADDRESS:** \_\_\_\_\_  
CITY, STATE & ZIP

**BUSINESS PHONE #:** \_\_\_\_\_ **HOME PHONE #:** \_\_\_\_\_

**NAME:**

**ADDRESS:** \_\_\_\_\_  
CITY, STATE & ZIP

**BUSINESS PHONE #:** \_\_\_\_\_ **HOME PHONE #:** \_\_\_\_\_

**MKLA MEMBER SPONSOR: List below the MKLA Member who is recommending you for membership.**

**NAME:**

**ADDRESS:** \_\_\_\_\_  
CITY, STATE & ZIP

**BUSINESS PHONE #:** \_\_\_\_\_ **HOME PHONE #:** \_\_\_\_\_

**ARE YOUR FINGERPRINTS ON FILE ANYWHERE? YES NO**  
**IF SO WHERE?**

**I AM APPLYING FOR THE FOLLOWING MEMBERSHIP**

\_\_\_\_\_ **Active.** Active members shall be those individuals that are engaged in installing and servicing security hardware. Active members shall be accorded all rights, privileges, and obligations of MKLA membership.

\_\_\_\_\_ **Associate.** Associate membership is available to those manufacturing and/or companies engaged in supplying material, equipment, or services to the locksmith, security, and/or safe industry or profession.

**THE FOLLOWING ARE THE ANNUAL DUES:**

ACTIVE MEMBER \$40.00

ASSOCIATE MEMBER \$70.00

I STATE THAT ANY & ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE & CORRECT. I UNDERSTAND THAT MY MEMBERSHIP MAY BE CANCELLED AT ANY TIME IF ANY INFORMATION FOUND HEREIN IS FALSE & ALL MONIES ARE FORFEITED. I FURTHER STATE, THAT I WILL ABIDE BY THE RULES, REGULATIONS & BY-LAWS OF THE MISSOURI-KANSAS LOCKSMITH ASSOCIATION.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN THE APPLICATION AND THE ONE (1) YEARS ANNUAL DUES TO**

*The Sergeant At Arms  
c/o The Missouri - Kansas  
Locksmith Association  
P.O. Box 12493  
N. Kansas City, Mo. 64116*

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

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**DATE APPLICATION RECEIVED \_\_\_\_\_ BY \_\_\_\_\_**

**DATE DUES RECEIVED \_\_\_\_\_ BY \_\_\_\_\_**

**DATE APPLICATION PRESENTED TO BOARD \_\_\_\_\_**

**DATE APPLICATION PRESENTED TO MEMBERS \_\_\_\_\_**

**WAS APPLICATION ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_**

**MEMBERSHIP NUMBER \_\_\_\_\_**

**COMMENTS:**