

Security Questions:

Please answer Yes or No.

Are you currently a member of, or been a member of a Locksmithing/Safe related organization? _____

List Organization and give membership Number.

Are you currently licensed or bonded? _____

Have you been convicted of a Felony? _____

Are your fingerprints on file anywhere? _____

If so, Where?

Agency: _____

Address: _____

E-Mail Address: _____

Home Phone: () - Cell Phone: () -

Have you ever been licensed in any other state as an owner, manager, or a employee of a locksmith business? _____

- Have you ever had a security clearance suspended, denied, or revoked? _____
- Has your application for a license as an owner, manager, or as employee of a locksmith business ever been revoked? _____
- Has your license as an owner, manager, or as employee of a locksmith business ever been revoked or suspended in any state? _____
- Have you ever been convicted of any offences in Missouri / Kansas or another state and/or are their any criminal charges against you now pending (other then minor traffic violations, etc.)?

If you answer yes to any of the last four questions, please give details.

Employment History:

Complete the following for the period of the past 5 years. The most recent first.

Employer's Name: _____
Address: _____
Nature of Business: _____
Date of Employment: From: _____ To: _____

Employer's Name: _____
Address: _____
Nature of Business: _____
Date of Employment: From: _____ To: _____

Employer's Name: _____
Address: _____
Nature of Business: _____
Date of Employment: From: _____ To: _____

Employer's Name: _____
Address: _____
Nature of Business: _____
Date of Employment: From: _____ To: _____

Employer's Name: _____
Address: _____
Nature of Business: _____
Date of Employment: From: _____ To: _____

References: List the names & address of two people (who are not related to you) who can attest to your reputation for honesty & fair character, experience and ability who are not members of this association.

Name: _____

Address: _____

E-Mail Address: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Name: _____

Address: _____

E-Mail Address: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Missouri-Kansas Locksmith Association, Member Sponsor:

List if any, current member of this association who is recommending you for membership.

Name: _____

Address: _____

E-Mail Address: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

I'm Applying for the following membership:

_____ **Active Membership** – shall be those individuals that are engaged in stalling and servicing security hardware. Active Membership shall be accorded all rights, privileges, and obligations of the Missouri-Kansas Association, Inc. Membership.

_____ **Associate Membership** – is available to those manufacturing and/or companies that are engaged in supplying material, equipment, or services to the locksmith, security, and/or safe industry or profession.

The Following are the annual dues.

	Cash/Check	Debit/Credit/PayPal
Active Member:	\$40.00	\$42.00*
Associate Member:	\$70.00	\$73.00*

*Includes processing fee's

I STATE THAT AND ALL INFORMATION GIVEN ON THEIS APPLICATION GIVIEN ON THIS APPLICATION IS TRUE AD CORRECT. I UNDERSTAND THAT MY MEMBERSHIP MY BE CANCELLED AT ANY TIME IF ANY INFORMATION FOUND HEREIN IS FALSE AND ALL MONIES ARE FORFETED. I FUTHER STATE THAT I WILL ABIDE BY THE RULES, REGULATIONS, AND BY-LAWS OF THE MISSOURI-KANSAS LOCKSMITH ASSOCIATION, INC.

Applicant Signature: _____

Date: _____

Please Return with the application with the One (1) year's Annual Dues, if by check to:

Missouri-Kansas Locksmith Association, Inc
C/O: Sergeant at Arms
P.O. Box 12493
N. Kansas City, Mo 64116

If by credit card, instruction will be given once the application is received.

DO NOT WRITE BELOW THIS LINE

Date Application Received: _____ By: _____

Date Dues Received: _____ By: _____

Date the Application was presented to the Board of Directors: _____

Date the Application was presented to membership: _____

Was the Application, Accepted: _____ Rejected: _____

Membership Number: _____

Comments:
