Institutional Locksmiths' Association

The "In-House Locksmith" Association
http://www.ilanational.org

Associate and Corporate Individual Membership Application

Personal Information		
Last Name:	First Name:	Middle Name/Initial:
Nickname:	DOB:	SSN: *must supply if requested see Note**
Home Address:		
City:	State:	Zip:
Home Phone:	E-mail:	

Business Information		
Work Organization:		
Job Title:	Certification(s):	
Work Address:		
City:	State:	Zip:
Work Phone:	Work E-mail:	
Immediate Supervisor:	Contact Phone:	

Mail Preference: Please send all correspondence to my: ☐ **Home** ☐ **Business**

Reference Information (Non-relative)		
Last Name:	First Name:	Contact Phone:
Work Organization:	Job Title:	
Signature:		

Sponsor Information		
Last Name:	First Name:	ILA Member No.:
Work Organization:		
Job Title:	Contact Phone:	
How long have you known your sponsor?		

Other Locksmith / Security Organization Membership Information	
Organization:	Member No.:
Organization:	Member No.:

Have you ever been convicted of a felony? ☐ **No** ☐ **Yes (If yes, provide details on the reverse.)**

Membership Classification (Please check one)

☐ Corporate Individual	(Corporation membership must be in good standing)	$ 50.00 per year
☐ Associate	(Distributor, etc.)	$ 100.00 per year

Membership Fee: (Please fill in amount from above)	**$**
Non-Refundable Application Fee:	**$ 20.00**
Make check payable to: ILA-DVC **Total Amount Enclosed (Do Not Send Cash)**	**$**

I voluntarily give the **Institutional Locksmiths' Association** permission to conduct a thorough background investigation for the exclusive purpose of determining my eligibility for membership. Accordingly, I authorize and instruct any person contacted, including police, regulatory or other agency, to furnish any and all information concerning the above, and within the constraints of law and public policy, to authorized representatives of the **Institutional Locksmiths' Association** for said purpose. Furthermore, I understand that providing false information may result in termination of membership.
*The **Institutional Locksmiths' Association** may request an applicant or member to provide their Social Security number at any time with regard to the above statement. Failure to provide a Social Security number may result in termination of membership.

Send form and payment to:
ILA-DVC
PO Box 29103
Philadelphia, PA 19127

Applicant's Signature: **Date:**

For ILA Use Only:

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