



Application For Active Membership

Active Membership is open to any person who meets the qualifications herein and below.

- Must be a licensed New Jersey Locksmith
 - or be working for a licensed New Jersey locksmith
 - or be working for a Distributor, Manufacturer, or Manufacturer's Rep. to the Locksmith Industry
- Must completely and accurately fill out and submit this application along with a \$20.00 application fee.
- Be at least eighteen years of age.
- Be a citizen of the United States of America.
- Be willing to take Association oath of allegiance.
- Be able to attend a minimum of eight meetings per year.
- Be willing to exchange trade information and technical knowledge with the association.
- Be willing to pay the annual dues of the association billed each January.
- Receive approval by a majority vote at a membership meeting.

I understand the above requirements and submit the following information to apply for Active Membership in **The Master Locksmiths Association of New Jersey, Inc.**

Name: _____ Certification(s): _____

NJ State License Number: _____ My license or Employer's license

Business Name: _____

Business Address: _____ Home Address: _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

Telephone: (____) _____ Telephone: (____) _____

FAX: (____) _____ FAX: (____) _____

Owner or Employee: _____

How many years experience as a full-time locksmith serving the public? _____

Do you meet the qualifications listed above? _____

Do you want your association mail sent to your Business Home Email

Email Address: _____

REFERENCES:

Membership in other lock associations, if any: _____

Locksmiths or Jobbers (list three)

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Personal (list three)

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

I have read and completed this application and answered all questions to the best of my knowledge. I agree to the terms and qualifications set down for membership in The Master Locksmiths Association of New Jersey, Inc. I hereby grant The Master Locksmiths Association of New Jersey, Inc., its investigating Committee, and its Officers or Agents, permission to copy and forward to any and all persons, organizations, companies, and agencies, including, but not limited to law enforcement agencies, any documents I have submitted to the Association. I further authorize all such persons, organizations, companies, or agencies to furnish the Association any opinions, papers, or records which in any way bear upon my fitness to be a member of this association. I also hereby agree that photographic copies of this document may be used as evidence of the grant of permission herein contained and I release from liability of any kind, any person who obtains or releases any of the above information.

Dated: _____

(Applicant's Signature)

(Title)

This application must be accompanied by a \$20.00 non-refundable application fee and returned in person at a regular meeting, currently held at 7:30 pm the 3rd Monday of each month, at the:
Hampton Inn, Route 9 North, Woodbridge, NJ

The Master Locksmiths Association of New Jersey, Inc.
Phone 973-267-8884