



# 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