



Application For Associate Membership

Associate Membership is open to any Manufacturer, Distributor or Manufacturer's Representative whose product is related to the locksmith industry and who is willing to meet the following qualifications:

1. Must completely and accurately fill out and submit this application along with a \$50.00 application fee.
2. Must receive approval by a majority vote at a membership meeting.
3. Must be willing to exchange trade information and mechanical knowledge with the association.
4. Must be willing to pay the annual dues of the association billed each July.

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

Business Name: _____

Representative: _____

If representative wishes to receive mailings at home give home address as well.

Address: _____

Home Address: _____

Zip: _____

Zip: _____

Telephone #: _____

Telephone : _____

FAX #: _____

FAX #: _____

Are you willing to exchange trade information and mechanical knowledge with other members of this Association?

Yes ____ No ____

Are you willing to pay the annual dues as prescribed in the bylaws?
Current dues are \$250.00.

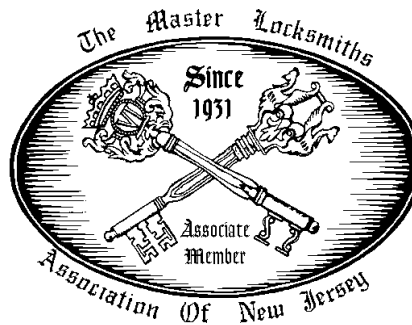
Yes ____ No ____

REFERENCES:

Membership in other associations, if any: _____

Benefits of Associate Membership:

1. Annual Membership Roster listing all members names, business addresses and phone numbers.
2. 10% discount on all booth space rental.
3. 10% discount on advertising in the Convention Booklet.
4. Recognition in the membership booth by having their business listed on an "Associate Member" sign.
5. Receive a listing in the monthly minutes mailed to members.
6. Permitted to use The Master Locksmiths Association of New Jersey, Inc. logo with the words "Associate Member" as indicated below.



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 \$50.00 non-refundable application fee and returned to The Master Locksmiths Association of New Jersey, Inc. , PO Box 2441, Morristown, NJ, 07962-2441