



# Application for Membership

*(Please print or type all information legibly)*

## MASSACHUSETTS LOCKSMITHS ASSOCIATION, INC.

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

Tel. #. \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you operate your own business?  Yes  No  Full Time  Part Time  Year Established \_\_\_\_\_

Number of employees: \_\_\_\_\_  Store Front Only  Mobile Only  Both Store Front & Mobile

**If Yes, You Must Submit At Least Two Or More Of The Following Forms, W-9, Sales Tax Certificate, Insurance Certificate Or Copy Of Your Corporate Seal The application will not move to the investigating committee without at least 2 of the above forms**

Have you ever been a member of the M.L.A?  Yes  No, If yes what year \_\_\_\_\_ I.D. # \_\_\_\_\_,

As a  Regular  Journeyman  Apprentice  Student

Are you a member of any other Locksmith Associations? If so where: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**If you're applying as an employee, Institutional Locksmith or Student, please submit a letter of employment from your employer or Instructor.**

List your present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. #. \_\_\_\_\_

List all Previous Employers for the past 5 years (start with the most recent) if necessary, use a separate sheet of paper:

Name: \_\_\_\_\_ Tel. #. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. #. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you receive your training? \_\_\_\_\_

Have you attended any Locksmithing schools? If necessary use a separate sheet of paper: \_\_\_\_\_

**References: 2 Wholesalers from which you purchase supplies:**

Name: \_\_\_\_\_ Tel. #. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. #. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**-<= Sponsor Must be a Regular Member and Will be Contacted to Verify the Applicant. =>-**

Sponsor: \_\_\_\_\_ ID: #. \_\_\_\_\_ Tel. #. \_\_\_\_\_

I am Applying for Membership as a, Choose from the list below:

MLA USE ONLY ↓

Regular:  This is to certify that I am working as a locksmith or safe technician full time for more than two years. # \_\_\_\_\_

Journeyman  This is to certify that I am working as a locksmith or safe technician full time for less than two years. # \_\_\_\_\_

Apprentice  This is to certify that I am working as a locksmith or safe technician as a part time occupation. # \_\_\_\_\_

Student  This is to certify that I am attending a locksmith training facility. # \_\_\_\_\_

I hereby agree and grant permission to the M.L.A membership committee and its officer's permission to copy and forward this document and any publicly available information found on line for the purpose of verifying the above information submitted to the association for doing a background check.

I further authorize all such persons, organizations, companies, and agencies to furnish to the association any opinions, papers and records which in any way bear upon my fitness as a locksmith in becoming a member of the M.L.A.

I release from liability of any kind, any person or company who returns any of the information stated above.

I certify that all statements are true and, if accepted as a member, I agree to abide by the rules, regulations, and Bylaws of the Massachusetts Locksmiths Association, and further agree to adopt the code of Ethics of the M.L.A. as my own, and adhere to it to the best of my ability. Should my membership be discontinued, I agree to return my membership card and cease the use of all of the M.L.A. insignias and logos.

**CODE OF ETHICS**

1. That the dignity of their chosen profession may be perpetuated, it is the duty of all members of the MLA to:
2. Conduct themselves in a dignified manner and to avoid using any improper or questionable methods of soliciting professional work,
3. Cooperate in advancing the best interest of the locksmith trade by voluntary interchange of general information and experience with fellow locksmiths and,
4. encourage and promote loyalty in the trade and interest in public welfare, always ready to apply their special knowledge, skills, and training for the use and betterment of the trade.

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature

**A Dues Check For \$95.00 Must Be Submitted With Your Application, It Is Refundable If Application Is Denied:**

**MEMBERSHIP COMMITTEE REPORT**

Date of Application Received: \_\_\_\_\_ Check #. \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Investigators: \_\_\_\_\_

\_\_\_\_\_

Investigating Committee Report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Committee Report to the Executive Board: \_\_\_\_\_

Date of Committee Report to Membership Body: \_\_\_\_\_

Date Applicant Printed in the Newsletter: \_\_\_\_\_

Date of M.L.A. Membership Vote: \_\_\_\_\_

Date of Notification to Applicant: \_\_\_\_\_

Revised November 2024

Return Completed Application to:

M.L.A. Membership Chairman

1173 Bedford St.

Fall River, MA. 02723