



**Institutional Locksmiths' Association**  
*The "In-House Locksmiths" Association*  
<http://www.ilanational.org>  
**Regular Individual Membership Application**



Personal Information			
Last Name:		First Name:	
Middle Name/Initial:		SSN: (Supply only if Requested - See Note *)	
Nickname:		DOB:	
Street Address:		City:	
Work Phone:		Home/Cel Phone:	
E-mail:		State:	
Zip:			
Business Information			
Institution:		Years in Industry:	
Department:		Job Title:	
Street Address:		City:	
Immediate Supervisor:		Contact Phone:	
State:		Zip:	
Preferred Contact Method:		Phone:	
Mail: <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Email	
Industry Certifications Held:			
<input type="checkbox"/> CAA <input type="checkbox"/> CIL <input type="checkbox"/> CJIL <input type="checkbox"/> CMIL <input type="checkbox"/> CFL <input type="checkbox"/> RL <input type="checkbox"/> CRL <input type="checkbox"/> CPL <input type="checkbox"/> CML <input type="checkbox"/> CPS <input type="checkbox"/> CMST <input type="checkbox"/> CPP <input type="checkbox"/> PSP <input type="checkbox"/> PC <input type="checkbox"/> CDC <input type="checkbox"/> AHC <input type="checkbox"/> IFD <input type="checkbox"/> CMKA <input type="checkbox"/> CMKC <input type="checkbox"/> CMKJ <input type="checkbox"/> CMKS <input type="checkbox"/> Other:			
Reference Information (Non - Relative )			
Last Name:		First Name:	
Work Organization:		Job Title:	
Signature:		Phone:	
Sponsor Information			
Last Name:		First Name:	
Work Organization:		Job Title:	
Other Organization Membership:		IL A ID #:	
Other Organization Membership:		Years Known:	
Member #:		Member #:	
Have you ever been convicted of a Felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details on the back of this page			
Membership Classification (Check One)			
<input type="checkbox"/> Regular (2 years or more as A Locksmith)		<input type="checkbox"/> Junior/Student (Less than 2 years as a Locksmith)	
<p>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 authorize representatives of the Institutional Locksmiths' Association for said purpose. Furthermore, I understand that providing false information may result in termination of membership.</p> <p>*Note: The Institutional Locksmiths' Association may request an applicant or member to provide Social Security number at any time with regard to the above statement. Failure to provide it, if requested, may result in termination of membership.</p>		Membership Fee:	
		\$60.00	
		Non-Refundable Application Fee	
		\$35.00	
Payment to:		Payment to:	
"Institutional Locksmiths' Association"		"Institutional Locksmiths' Association"	
(Do NOT send cash)		(Do NOT send cash)	
Send Form and Payment To:		Send Form and Payment To:	
Institutional Locksmiths' Association		Institutional Locksmiths' Association	
MINK Chapter		MINK Chapter	
P. O. Box 7318		P. O. Box 7318	
N. Kansas City, Mo.		N. Kansas City, Mo.	
64116		64116	
or: ILA PO Box 9560, Naperville, IL - 60567 -0560		or: ILA PO Box 9560, Naperville, IL - 60567 -0560	