



ALOA

ALOA Security Professionals Association, Inc.

Company Membership Application

This is an application for Company Membership in the ALOA Security Professionals Association, Inc. Companies employing more than one employee may elect a single membership that will provide limited benefits to multiple individuals. The dues for a Company Membership are **\$330** per year plus **\$110** for each additional employee enrolled.

CANDIDATE PLEASE TYPE OR PRINT

Name of Company _____

Company Representative _____ PRP Designation _____ Title _____

Company Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____

Email Address _____ Web Address _____

REQUIREMENTS FOR COMPANY MEMBERSHIP

Company Membership requires that the representative must be an ALOA member and meet the qualifications of *Active* membership status as defined in the ALOA bylaws. The representative is entitled to cast one vote for the Company. Company Members may enroll employees under the membership for **\$110** each. *A Company Member Employee enrollment form is required for each employee enrolled under the Company's membership umbrella. Enrollment forms for employees must accompany the Company Membership Application, and must be approved by ALOA.* You may replace enrolled employees during the fiscal year for an additional administrative fee of \$20 each. An enrollment form is required for new or replacement employees.

BENEFITS OF COMPANY MEMBERSHIP

Company Members of ALOA receive all member mailings and the Association's electronic newsletter, *ALOA E-Newsletter*. In addition, Company Members receive access to ALOA's *Members Only* section of the website, discounts on classes and PRP Certification, an opportunity to be profiled in *Keynotes* magazine, one copy of *Keynotes* magazine for every two employees enrolled, and other benefits available to ALOA members.

PAYMENT INFORMATION

Company Member Dues: \$330
Application Fee: \$80
Employee Enrollment Fee: \$110 x _____ (number of employees enrolled)

Total Amount Enclosed: _____

Receipt of this application by ALOA and applicable fees remitted **DOES NOT** constitute approval of membership. Approval of membership shall be acknowledged in writing by ALOA and will include an official Membership Certificate from the association.

IMPORTANT: Membership applications are processed and approved if all requirements for membership including certification requirements are fulfilled. Application processing takes between 30 and 60 days. Incomplete applications will be returned. Please provide all information requested to avoid delays in application processing.

I understand and consent that in the course of reviewing this application ALOA may review available information for the purpose of verifying the information submitted and do a background check. I certify that all statements are true and, if accepted as a member, I agree to abide by the rules, regulations, and Bylaws of ALOA, and further agree to adopt the Code of Ethics of ALOA as my own, and adhere to it to the best of my ability. Should my membership be discontinued, I agree to cease use of the ALOA insignia and destroy my membership card and certificate.

Signature _____

Date Signed _____

METHOD OF PAYMENT (There is a 3% surcharge on all credit card payments).

☐ Check ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number _____ Expiration Date _____ SEC _____

Print Name on Card _____

Signature _____ Date _____

Return via fax to (469) 453-5241, or mail to ALOA Membership Department, 1408 N. Riverfront Blvd #303, Dallas, TX 75207 Contact Membership Department at (214) 819-9733, email: membership@aloea.org

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