



ALOA Security Professionals Association, Inc.

International Association of Investigative Locksmiths

Membership Application (Investigator)

ELIGIBILITY FOR MEMBERSHIP

All locksmiths, insurance investigators, law enforcement officers, federal investigators and security professionals who are actively engaged in their field, have an interest in Investigative Locksmithing are eligible to apply for membership in the International Association of Investigative Locksmiths (IAIL).

PLEASE TYPE OR PRINT

CANDIDATE INFORMATION

Name: ☐ Mr. ☐ Mrs. ☐ Ms. First _____ Last _____ MI _____

ALOA Member Number _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Cell Phone _____ Fax _____

Email Address _____

Date of Birth _____ Place of Birth _____

US Citizen? ☐ Yes ☐ No If No, citizen of what country? _____

I hereby request membership in the International Association of Investigative Locksmiths and submit that I am actively engaged in the following:

☐ Forensic Investigator ☐ Law Enforcement Officer ☐ Federal Investigator ☐ Insurance Investigator

☐ Other _____ IAIL Sponsor: Name _____ Membership # _____

FINAL CHECKLIST

- ☐ Required Proof of Employment in Industry
- ☐ Annual Dues Amount \$245
- ☐ Application Fee \$80
- ☐ Total Amount Due _____

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 _____

I certify that I have never been convicted of a felony or any crime involving fraud, dishonesty or breach of trust, and that I meet all the requirements for membership in IAIL. I understand that in the course of reviewing this application IAIL may review publicly available information for the purpose of verifying the information submitted and perform a background check. I certify that all statements are true, and as a member, I agree to abide by the rules, regulations, Bylaws and Code of Ethics of ALOA, to the best of my ability. Should my membership be discontinued, I agree to cease use of IAIL insignia.

Signature _____

Date Signed _____

Return to:

ALOA, 1408 N. Riverfront Blvd #303, Dallas, TX 75207
Phone (214) 819-9733 • Fax (469) 453-5241 Email: membership@aloea.org