



Institutional Locksmiths' Association
The "In-House Locksmiths" Association
<http://www.ilanational.org>
2023 Regular Individual Membership Application



Personal Information

Last Name	First Name	M. I.
Nickname	D. O. B.	S. S. N (* If Requested)
Street Address	City	State Zip
Work Phone	Home or Cell Phone	E-Mail

Business Information

Institution	Years in Industry
Department	Job Title
Street Address	City State Zip
Immediate Supervisor	Supervisor Phone

Preferred Contact Method

MAIL: Work Home **PHONE:** Work Home **E-MAIL:** Work Home

Industry Certifications Held	<input type="checkbox"/> AHC	<input type="checkbox"/> CFL	<input type="checkbox"/> CML	<input type="checkbox"/> CMKJ	<input type="checkbox"/> CPL	<input type="checkbox"/> CRL	<input type="checkbox"/> PSP
	<input type="checkbox"/> CAA	<input type="checkbox"/> CIL	<input type="checkbox"/> CMKA	<input type="checkbox"/> CMKS	<input type="checkbox"/> CPP	<input type="checkbox"/> IFD	<input type="checkbox"/> RL
	<input type="checkbox"/> CDC	<input type="checkbox"/> CJIL	<input type="checkbox"/> CMKC	<input type="checkbox"/> CMST	<input type="checkbox"/> CPS	<input type="checkbox"/> PC	<input type="checkbox"/> OTHER (list)

Reference Information (Non-Relative)

Last Name	First Name	Phone
Organization or Institution	Job Title	
Signature		

Sponsor Information

Last Name	First Name	ILA ID #
Organization or Institution	Job Title	Years Known
Other Organization Membership	Member #	
Other Organization Membership	Member #	

Have You Ever Been Convicted of a Felony? Yes No If Yes, Please Provide Details On The Back Of This Page

Membership Classification (Check One)

<input type="checkbox"/> Regular (Two (2) Years Or More As A Locksmith)	<input type="checkbox"/> Junior/Student (Less Than Two (2) Years As A Locksmith)
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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. * Note: The Institutional Locksmiths' Association may request an applicant or member to provide their Social Security Number at any time with regard to the above statement. Failure to provide it, when requested, may result in termination of membership.	Annual Membership Fee	\$100.00
	Non-Refundable Application Fee (Once)	\$35.00
	Total Payment	\$135.00

Send Form And Payment To:
 ILA National
 P. O. Box 84
 Butler, Wi. 53007