



# Institutional Locksmiths' Association

The "In-House Locksmiths" Association

<http://www.ilanational.org>

## 2025 Membership Application



### Personal Information

Last Name:	First Name:	M. I.	
Nickname:	D. O .B. xx/xx/xxxx	* S. S. N. (* Supply only if requested. See box below)	
Street Address:	City:	State:	Zip:
Work Ph:	Home or Cell Ph:	E-Mail:	

### Business or Work Information

Institution:		Years in Industry:	
Department:		Job Title:	
Street Address:	City:	State:	Zip:
Immediate Supervisor:		Contact Ph:	
Preferred Contact Method	Mail: <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home	E-Mail: <input type="checkbox"/> Work <input type="checkbox"/> Home
Current Industry Certifications:	<input type="checkbox"/> AHC <input type="checkbox"/> CAA <input type="checkbox"/> CDC	<input type="checkbox"/> CFL <input type="checkbox"/> CIL <input type="checkbox"/> CJIL	<input type="checkbox"/> CML <input type="checkbox"/> CMIL <input type="checkbox"/> CMKA
	<input type="checkbox"/> CMKC <input type="checkbox"/> CMKJ <input type="checkbox"/> CMKS	<input type="checkbox"/> CMST <input type="checkbox"/> CPL <input type="checkbox"/> CPP	<input type="checkbox"/> CPS <input type="checkbox"/> CRL <input type="checkbox"/> IFD
	<input type="checkbox"/> PC <input type="checkbox"/> PSP <input type="checkbox"/> RL	<input type="checkbox"/> OTHER Specify:	

### Reference Information (Non-Relative)

Last Name:	First Name:	Phone:
Work Organization:	Job Title:	
Signature:		

### Sponsor Information

Last Name:	First Name:	ILA ID #
Work Organization:	Job Title:	Years Known:
Other Organization Membership:	Member #	
Other Organization Membership:	Member #	

Have You Ever Been Convicted Of A Felony?  No  Yes If Yes, Please provide the Details on the back of this page

### Membership Classification (Check One)

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card Number:	
Name on Card:	Expiration:	
Amount:	Security Code:	
<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 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.</p>	2025 Membership Fee	\$100.00
	Non-Refundable Application Fee	\$35.00
	Total Payment (Do NOT Send Cash)	\$135.00

Please send form and payment to:

Bill E. Timmann  
257 W. Madison Street  
Easton, PA. 18042