



NATIONAL ALLIANCE OF SECURITY PROFESSIONALS

WORKING TOGETHER FOR A SAFER COMMUNITY

NA-SP.ORG

MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT

NAME: Mr. Mrs. Ms. First _____ Last _____ MI _____ Designation _____

Date of Birth (Required) _____ Place of Birth _____ Social Security # (Required) _____

Business Name _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____ Fax _____

E-Mail: _____

National Alliance of Security Professionals, Inc occasionally makes its members' s e-mail address available to vendors who provide products and services to the industry. If you prefer not to be included in this list, please check here.

PROFESSIONAL INFORMATION

Please check the Industry Involvement that best describes you (check all that apply)

- Employee Technician Safes Institutional Security Owner Automotive
- Mechanical Door Locks & Hardware Security Professional Electronic Security Investigative
- Other _____

How did you learn the locksmithing / security trade? _____

How long have you been in the locksmith/security industry? _____

Are you licensed to perform Locksmith / Access Control work in your State? Yes No If So, License Number _____

Give the names and phone numbers of two industry-related references:

Name _____ Company _____ Phone Number _____

Name _____ Company _____ Phone Number _____

Are you a member of any local, regional, or national security associations? Yes No If yes, please give name of association

Association _____ Membership Number _____

Association _____ Membership Number _____

IMPOTATANT

Have you ever been convicted of a felony? Yes No

If, yes please give details on a separate sheet. All convictions are reported to the membership committee.

A routine background check is performed on all new applicants, unless you live in a State in which passing a background check is a part of the licensing requirements. Non-US citizen background checks are required. If you live in a country that does not allow third party background checks, you will be required to submit an authentic report upon request (no copies/duplicates allowed) before final membership approval can be granted. A copy of your business permit/license, license number, business card, company letterhead or suitable proof of employment in the locksmith/access control business must accompany application.

TYPES OF MEMBERSHIPS

- Apprentice Member** **\$40.00**
A person undergoing training to qualify as an Active Member or Support Member. No Person shall be an apprentice member for more than three years.
- Active Member** **\$80.00**
A person actively engages in the Locksmith / Security Industry as a Technician, Owner.
- Support Member** **\$80.00**
A person who supports the Active Member in their course of employment, that's an employee of said Company.

NOTE: YOUR APPLICATION WILL BE PROCESSED WITH A 90 DAYS WAITING PERIOD.

An application fee and appropriate dues MUST accompany the application for processing to begin. **APPLICATION FEE IS NON-REFUNDABLE.**

APPLICATION FEE

Application Fee **\$40.00**

CHECK LIST

- Required Proof of Employment in Industry Yes / No
- Annual Dues Amount _____
- Application Fee _____
- Total Amount Due _____

METHOD OF PAYMENT

- Cash Check Master Card Visa

If you are paying by Credit Card, we will send you an Invoice For Payment.

I understand and consent that while reviewing this application National Alliance of Security Professionals, Inc may review publicly 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 By-Laws of the National Alliance of Security Professionals, Inc., and further agree to adopt the Code of Ethics of National Alliance of Security Professionals, Inc. as my own and adhere to it to the best of my ability. Should my membership be discontinued, I agree to return my membership card and cease use of all National Alliance of Security Professionals, Inc. insignia.

Signature

Date Signed

Return to:

E:Mail: Membership@na-sp.org

or

Robert Theobald, ARL
C/O: National Alliance of Security Professionals, Inc.
22 Glen Arbor Rd
Kansas City, Mo 64114