



LOCKSMITH SECURITY ASSOCIATION

of MICHIGAN



Membership Application

www.LSAmichigan.org

Applicant Name	Business Name (if applicable)
Home Address	Business Address
City, State, Zip	Business City, State, Zip
Phone	Business Phone
Email	Fax
Date of Birth	Website

Please send all mailings to my: Home () Business ()

Brief description of background in locksmithing and Years of Experience:
List other security related organizations or associations to which you hold current membership
Have you ever been convicted of a felony? (If yes, explain. Use additional space if necessary)
List two (2) personal character references (other than relatives), with complete addresses
List two (2) professional references (other than relatives, with complete addresses)
Sponsored by LSA member: LSA No.

I certify that the above information is true. If accepted as a member, I agree to abide by the rules, regulations, and Code of Ethics of the **LSA**. Should my membership in the **LSA** be discontinued, I agree to remove all insignia from my place(s) of business and return my membership credentials.

Applicant Signature _____

Date: _____

Current annual membership fee for the **LSA** is \$60.00. Payment will be requested upon application approval. Send your membership application with a non-refundable \$10.00 application fee to: Locksmith Security Association, 533 Fisher, Grosse Pointe, MI 48230. All checks or money orders should be made payable to the **Locksmith Security Association**. For more information, call: 313-885-9365.

For Internal Use Only (Initials Required)

Application Fee Received	Approved: Bd member #1	Approved Bd member #2	Balance Paid	Given copy of bylaws	Membership No. Assigned
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