



LOCKSMITH SECURITY ASSOCIATION

of MICHIGAN



Membership Application

www.LSAmichigan.org

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

Preferred Mailing: Home () Business () Email ()

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. I agree to abide by the rules, 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 for the LSA is \$60.00. Payment is due upon membership approval. Send completed application with a non-refundable \$10.00 application fee to: **Locksmith Security Association**, 24711 Harper Ave. Saint Clair Shores MI 48080. Make checks or money orders payable to the **Locksmith Security Association**. PayPal payment can be received on the LSA website www.LSAmichigan.org.

For Internal Use Only (Initials/Date Required)

Application Fee Received	Mem Committee Recommendation	Approved by Vote of Membership	Balance Paid	Given copy of bylaws	Membership No. Assigned