

THE NEBRASKA LOCKSMITHS ASSOCIATION, INC.
APPLICATION FOR MEMBERSHIP

An organization of lock experts whose purpose is to better the locksmith profession by interchanging trade information, Mechanical knowledge and creating good fellowship among its members who are pledged to deal honestly in every branch of the business and to co-operate with the lock manufacturer and the user for the maintenance of the security in the mechanism of the locks entrusted to them for service by the public.

I understand the aims and purposes of the Nebraska Locksmiths Association, and I feel that I qualify as a member for the reasons stated below. (Red is required – Blue is optional)

FULL NAME _____

Last Name – First Name - Middle initial

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

Email _____ **Fax** _____ **Cell** _____

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____

PLACE OF BIRTH _____ **SEX** _____ **SPOUSE'S NAME** _____

COLOR OF HAIR _____ **COLOR OF EYES** _____ **HEIGHT** _____ **WEIGHT** _____

HAVE YOU EVER BEEN ARRESTED AND CONVICTED OF A FELONY _____ **IF SO, GIVE DETAILS** _____

Are Your Fingerprints ON FILE at Your LOCAL LAW ENFORCEMENT AGENCY? _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ **PHONE** _____

If other than above Email _____ **Fax** _____ **Cell** _____

Do you spend all your employable time in the Locksmithing field? _____

Do you derive the main source of your income from the Locksmithing field? _____

If not self-employed, please answer the following:

COMPANY OR INDIVIDUALS NAME _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

YOUR SUPERVISOR'S NAME _____

IN THIS COMPANY, WHAT IS YOUR POSITION? _____

DO YOU BELONG TO ANY OTHER LOCKSMITH ASSOCIATIONS? _____ **IF SO PLEASE LIST** _____

State The APPROXIMATE YEAR You STARTED In The Locksmithing Field _____

IF A RESIDENT OF NEBRASKA Or Do Work In This State, Please Give Your LOCKSMITHING REGISTRATION CERTIFICATE NUMBER _____ **COUNTY** _____

Did You Attend Any School Of Locksmithing? _____ **WHICH ONE** _____

_____ **DATE GRADUATED** _____

REFERENCES: Please list as many as possible, up to three for each category

LOCKSMITH REFERENCES:

Name _____ **Address** _____
City _____ **Phone #** _____

Name _____ **Address** _____
City _____ **Phone #** _____

Name _____ **Address** _____
City _____ **Phone #** _____

CHARACTER REFERENCES:

Name _____ **Address** _____
City _____ **Phone #** _____

Name _____ **Address** _____
City _____ **Phone #** _____

Name _____ **Address** _____
City _____ **Phone #** _____

Name And Title Of Local Law Enforcement Body: _____

Do You Do Safe Work? _____ **Repair Door Closer?** _____ **OR Any Other Type of Specialized Work?** _____

Would You Be Willing to Interchange Trade Information and Mechanical Knowledge With Other Members Of This Association? _____

DO YOU KEEP AND MAINTAIN THE MANUFACTURERS SECURITY AND DO NOT DEFEAT THE INTENDED PURPOSE IN THE MECHANISM OF A LOCK? _____

Would You Take AN OATH to Keep Restricted Information If Accepted? _____

Will You Abide by The Ethics Set Forth by The Nebraska Locksmith Association? _____

I certify that the above statements are true, and I acknowledge the fact that my application may be investigated before my membership is accepted.

LEGAL SIGNATURE _____ **DATE** _____

THIS APPLICATION FOR MEMBERSHIP REQUIRES THE APPLICANT'S PRESENCE AT A MEETING OR A FUNCTION OF THE ASSOCIATION, BEFORE IT WILL BE ACTED UPON.

DO NOT WRITE IN THIS SPACE / RETURN APPLICATION AND FEES

Membership number _____ **TO:**
Application Mailed _____ **by** _____
Application Rec'd _____ **by** _____
Application Accepted _____ **by** _____
Fees Received _____ **by** _____
Application Rejected _____ **by** _____

\$10.00 shall accompany this form for processing (This is non-refundable).

(Dues are under review, as of July 2020.)

Nebraska Locksmith Association, Inc.

Eugene Hansen (Editor)

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