

Your Photo goes here	<p>Membership Application</p> <p>Oklahoma Master Locksmith Association</p> <p>Application Fee \$10.00</p> <p>Print and Mail to Secretary: Clarence Weber 1232 NW Cache Road Lawton, OK. 73507</p>	Oklahoma Master Locksmith Association
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Part I

Applicant Name	Business Name
Spouse's Name	Social Security Number / FEI Number
Home Address	Business Address
City, State, Zip	City, State, Zip
Home Phone (with Area Code)	Business Phone (with Area Code)
Business Cell Phone Number (with Area Code)	Business FAX Number (with Area Code)
E-Mail Address / Website Address	Are you a US Citizen? ___ Yes ___ No ___
Do you own the above Business ___ Yes ___ No ___	If no, Name of your Employer?
Oklahoma Locksmith License Number _____ Status _____	
Categories: LS ___ AC ___ CCTV ___ NC ___ Other _____ (will be verified)	
Are you licensed in any other State ___ Yes ___ No ___ if yes, Current license number	
How long have you been engaged in the Locksmith Business?	
Where and how were you trained?	
By whom were you trained?	
Have you ever been convicted of a Felony? Yes _____ No _____	If yes, when?
Where?	What were the charges?
What was the outcome of the case?	
Are you a member of any other locksmith associations? Yes _____ No _____	If so, list association names and numbers here
List the names of any other clubs or fraternal organizations to which you belong	
What hobbies or other interests do you enjoy?	

Character reference	How long known?
Address	Phone with Area Code
Sponsor	OMLA Member? Yes_____ No_____
Address	Other Yes_____ No_____
Address	Phone with Area Code
List the names of tow Jobbers, Manufacturers or Locksmiths for your reference.	
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone with Area Code	Phone with Area Code

Part II

This Application must be accompanied by: (1) Application Fee (make checks payable to : Oklahoma Master Locksmith Association) (2) two passport photos of the applicant (3) Complete set of finger prints on booking card (see note below) (4) Business card, letter head, bill head, or telephone book ad.

NOTE: Locksmiths currently licensed by the State of Oklahoma are not required to provide finger print cards as their prints are on file with the State of Oklahoma

It is desirable the name of each applicant for OMLA Membership appear on the OMLA website or in the OMLA newsletter prior to the OMLA business meeting the application is considered for membership. **The applicant must be present at the OMLA business meeting for his application for membership to be considered.**

I certify that all statements made on this application are true and if I am accepted as a member of the Oklahoma Master Locksmith Association, I agree to abide by the Constitution, By-laws, Rules and Regulations of the Oklahoma Master Locksmith Association.

I do hereby apply for membership in the Oklahoma Master Locksmith Association, and if I am accepted as a member, I pledge that I shall be governed by the Constitution, By-laws, Rules and Regulations of said Association.

Signature of Applicant:

Part III

Applicant Name	Sex _____ Phone with Area Code
Address	City, State, Zip

Right Hand

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

Left Hand

Little Finger	Ring Finger	Middle Finger	Index Finger	Thumb

Left Hand 4 Fingers Simultaneously	Left Thumb	Right Thumb	Right Hand 4 Fingers Simultaneously

Impressions taken by:	Date taken:
Your Photo Goes here	<p>This document must be included with your O.M.L.A. Membership Application</p> <p>Note: Applicant should sign this form in two places.</p> <p>Signature: _____</p> <p>Date: _____</p>

Part IV
This Section must be completed

I hereby authorize the Police Department of the City of: _____ To furnish to the Oklahoma Master Locksmith Association any information they may have concerning me which they may have on record or otherwise: and I do hereby release the Chief of Police of:	
And all members of the Police Department of the City of: _____ From all liability resulting from the furnishing of this information to the above named Association	
Name _____	
Present Address _____	
Previous Address _____	
Sex _____ Age _____ Height _____ Weight _____	
Date of Birth: Month _____ Day _____ Year _____	
City _____ State _____ Zip Code _____	
Signature _____ Date _____ Witness _____ Witness _____	Right Thumb print
Do not write below this line.	

This section for official OMLA use only	
Date application received	Date application published
Date Application approved	OMLA Officer signature
Notes:	