

MICHIGAN MASTER LOCKSMITH ASSOCIATION

APPLICATION FORM FOR MEMBERSHIP

(PLEASE PRINT)

NAME: _____, DATE: _____

ADDRESS: _____, CITY: _____, ZIP: _____

PH. _____, FAX _____, HOME / CELL: _____

(EMPLOYER INFO.)

BUSINESS NAME, _____, PHONE: _____

ADDRESS / P.O. BOX, _____, CITY, _____, ZIP, _____

SOLE OWNERSHIP: ____ OR INCORPORATED: ____, YEARS IN BUSINESS: _____

(EMPLOYEE INFO.)

COMPANIES NAME: _____, PHONE: _____

ADDRESS / P.O. BOX: _____, CITY, _____, ZIP, _____

YEARS IN THE SECURITY BUSINESS: _____, HOW MANY OTHER COMPANIES: _____

DO YOU HAVE ANY POLICE RECORDS OTHER THAN TRAFFIC TICKETS: NO ____, YES ____

IF YES, COULD YOU EXPLAIN: _____

LIST ANY OTHER ASSOCIATIONS YOU'RE A MEMBER: _____

WERE REFERRED TO MMLA, _____, PLEASE GIVE NAME: _____

PLEASE SIGN: _____, DATE: _____

FOR INTERVIEWER:

QUESTIONS FOR NEW APPLICANTS

NAME _____ DATE _____

ANY QUESTIONS ABOUT NEW APPLICANTS SHOULD BE COVERED IN BOARD MEETING.

- 1) WHY DID YOU CHOOSE LOCKSMITHING FOR A CAREER?

- 2) WHAT ARE YOUR EXPECTATIONS FROM OUR ASSOCIATION?

- 3) WHAT ARE YOUR GOALS, BOTH PRESENT & FUTURE?

- 4) WHAT STAGE OF LOCKSMITHING ARE YOU AT PRESENTLY?

- 5) DO YOU HAVE A FAVORITE PART OF LOCKSMITHING?
(QUESTION IS NOT FOR SOMEONE JUST STARTING OUT)

- 6) HAVE YOU TAKEN ANY CLASSES TOWARD LOCKSMITHING ?
(WHAT TYPE OF CLASSES:

(WERE DID YOU ATTEND: