

North Carolina Locksmith's Association, Inc.

ASSOCIATE MEMBERSHIP APPLICATION

MEMBERSHIP # _____
APPLICATION FEE _____
BY: _____
RECEIVED \$ _____
DUES: _____
DATE: _____

NAME OF BUSINESS _____
PHONE: _____
FAX: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
CONTACT REPRESENTATIVE: _____
TITLE: _____
NUMBER OF YEARS IN BUSINESS: _____

OFFICERS OF THE FIRM
NAME: _____
TITLE: _____
NAME: _____
TITLE: _____

DESCRIPTION OF PRODUCTS AND SERVICES: _____

ARE YOU INTRESTED IN BEING AN EXHIBITOR AT OUR TRADE SHOW
YES _____
NO _____
IF YES CONTACT PERSON: _____
PHONE _____

TO PROCESS THIS APPLICATION THERE WILL BE A 10.00 FEE AND ANNUAL DUES OF \$ 200.00 THE DUES ARE PRO-RATED BASED ON THE DATE OF APPROVAL OF THIS APPLICATION.

SIGNATURE _____
Title _____
Date _____