

Application for Membership
TENNESSEE ORGANIZATION OF LOCKSMITHS
PO BOX 330849, Nashville, TN 37203

Please print all answers using black ink.

Name: First Middle Last Birth date Social Security #

Business Name (Employer's name if you are an employee) (____) _____
Business Telephone #

Business Address (____) _____
Cell Phone #

City State Zip code Fax telephone #

e-mail address web site

If you are a locksmith in Tennessee, North Carolina, or Virginia:
Your individual license # _____ Your business license # _____

If you are not a locksmith in Tennessee, North Carolina, or Virginia:
Business License # _____ County _____ State _____

Please attach a current copy of your business license and a business card.
Are You: Sole Owner Partner Employee Student?
If employee, give name of shop owner: _____

Home Address (____) _____
Home Telephone #

City State Zip

Send Mail to: Business Home. Preferred Name/Nickname _____

Are you currently working in the security industry? Yes No
If yes, how long? _____ Percent of work spent in locksmithing ____ %

How did you learn locksmithing? _____

What areas do you specialize in? _____

What locksmith certifications do you have? _____

List each locksmith association you are a member of and your membership number:

Have you ever been convicted of a felony? _____ If yes, when: _____

Charge _____ Where _____

TOOL Sponsors (if any)

1. _____ 2. _____

Type of Membership -- Please check only one:

Active Membership -- Individuals engaged in the locksmith trade currently possessing a valid state locksmith license from Tennessee, North Carolina or Virginia, or a business license from other states or working for a licensed locksmith.

Associate Membership -- Individuals involved in the manufacturing or distribution of equipment or services to the locksmith or security industry.

Apprentice / Student Membership -- Individuals undergoing training to become a locksmith. Apprentice/Student membership is limited to only two years for individuals 16 or over.

Submit annual dues in the amount of \$50.00 with this application. If the application is made after July 1 of the year, the amount due for the current year will be \$25.00. In addition a separate contribution to the Legislative fund of \$50.00 and a non-refundable application fee of \$30.00 are also due with this application. If the application is not approved, only your dues and legislative fund contribution will be refunded to you.

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I certify that all statements in this application are true. If accepted as a member, I agree to abide by the By Laws of TOOL and any other rules or regulations passed by the Board or membership. I also understand that failure to provide truthful information on this application may cause revocation of my membership in TOOL.

I further authorize TOOL representatives to perform a background check and investigate all character references and statements made on this application..

Signature _____ **Date** _____

for office use only: Date Dues Paid _____ Date received by Secretary _____ Background Check
TOOL Board vote. _____ Date Accepted _____ Date Notified _____ (Revised 2009 September 21)

