

	<h2>Application for TAOL Membership</h2> <p>The Association of Ontario Locksmiths 106 - 2220 Midland Ave Scarborough, ON M1P 3E6 Phone: 416-321-2219 Fax: 416-321-5115 www.TAOL.net office@taol.net</p> <p>TAOL ... The association that works for you</p>	<p>Office Use Only</p> <p>TAOL#: _____</p> <p>AppDate: ____/____/____ <small>Dd/mm/yyyy</small></p> <p>Payment: _____</p> <p>ApprDate: ____/____/____ <small>Dd/mm/yyyy</small></p> <p>Class: _____</p>
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Form B

(Please add one per employee)

Applicant Details:

Employee Name:		Birth Date:	
Company:		Day Phone:	
Position:		Evening Phone:	
Address:		Cell Phone:	
Line 2:		Fax:	
City / Prov:		Email:	
Post Code:			
Membership Class (Check One)	Apprentice <input type="checkbox"/>	Active (min. 3 yrs) <input type="checkbox"/>	Criminal Background Check Attached <input type="checkbox"/>
			Photo Id / D.L. <input type="checkbox"/>
			Passport Photo <input type="checkbox"/>

Applicant Trade Experience:

How long have you been affiliated with the Lock and/or security industry?	___ m ___ years
How long have you been employed as an active Locksmith?	___ m ___ years
How many hours per week are you active in Locksmithing?	_____
Have you ever been convicted of an unpardoned criminal offense?	<input type="checkbox"/> no <input type="checkbox"/> yes
If yes, please attach details.	

Membership Number and Name of all other Locksmith or Security Associations (if any):

Association Name	Membership Number

Employee Name (First & Last):	
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Trade References:

Employees, provide locksmith references. Others provide distributor, manufacturer or locksmith references.

Type of Reference: (check one) <input type="checkbox"/> Character <input type="checkbox"/> Trade <input type="checkbox"/> Locksmith			
Name:		Address:	
Phone:		Line 2:	
Fax:		City / Prov.	
Email:		Post Code:	

Type of Reference: (check one) <input type="checkbox"/> Character <input type="checkbox"/> Trade <input type="checkbox"/> Locksmith			
Name:		Address:	
Phone:		Line 2:	
Fax:		City / Prov.	
Email:		Post Code:	

Type of Reference: (check one) <input type="checkbox"/> Character <input type="checkbox"/> Trade <input type="checkbox"/> Locksmith			
Name:		Address:	
Phone:		Line 2:	
Fax:		City / Prov.	
Email:		Post Code:	

(If sponsored by a TAOL member) Sponsor: How long have you know the applicant?

Sponsor's Signature:	Date:
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Please enclose your business card, company letterhead, current valid Police Record Check, a passport size picture for your TAOL ID Card and any other information you may feel will support your application. This application must be accompanied by a full year membership Dues.

Important: By signing below I certify that the information provided on this application and any attachments are true, not distorted, and that I may be requested to verify such information. I hereby grant consent to The Association of Ontario Locksmiths (TAOL) or its agent(s), to review and investigate all particulars which I have supplied.

If accepted as a member I agree to abide by the Rules and Regulations of the Association of Ontario Locksmiths. I further state I have read in full and understand, the Objects and Code of Ethics of the TAOL. And I furthermore agree to adopt them as my own and to practice every clause to the best of my ability. Should my membership in TAOL be discontinued for any reason, I agree to return my membership card and remove all insignia from my place of business, residence, vehicle, all advertising and personal property.

Signature

Date