



**APPLICATION FOR MEMBERSHIP**

Return to: LASA Membership Chairman  
PO Box 240277 San Antonio, Texas 78224

**Make Checks Payable to L.A.S.A.**

Check List:

- \_\_\_\_\_ Appropriate Fee (amount) \$ \_\_\_\_\_
- \_\_\_\_\_ Completed Application General \$ 36/yr
- \_\_\_\_\_ Color copy of State Issued 'Pocket Card'
- \_\_\_\_\_ 3"X 3" photo (if no pocket card)
- \_\_\_\_\_ letter from employing institution (if required)
- \_\_\_\_\_ completed finger print card (if required)

\*\*\*\*\* PLEASE PRINT OR TYPE \*\*\*\*\*

Full Name \_\_\_\_\_

Area you service \_\_\_\_\_

Company Employed by \_\_\_\_\_

Sponsored by LASA Member \_\_\_\_\_ # \_\_\_\_\_

How long engaged in the Locksmithing profession? \_\_\_\_\_

Where & how trained? \_\_\_\_\_

Other Locksmith Associations belong to? \_\_\_\_\_

**The Locksmiths Association of San Antonio meets the 2<sup>nd</sup> Thursday of the month.  
General Applicants **You must be present** at the third reading to be voted into membership  
and take the Membership pledge.**

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**FOR OFFICIAL LASA USE ONLY**

Date Rec'd _____	Membership # _____
Amt. Rec'd _____	Member Category _____
Check # _____ Receipt # _____	1 <sup>st</sup> reading _____
Date Approved for Membership _____	2 <sup>nd</sup> reading _____
Take pledge of membership _____	3 <sup>rd</sup> reading _____



APPLICATION FOR **MEMBERSHIP-General** (with pocket card)  
(Please PRINT or TYPE)

NAME (as appears on DPS/PSB records) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

DOB (month, day, year) \_\_\_\_\_ E-MAIL \_\_\_\_\_

Business Name (as appears on DPS/PSB records) \_\_\_\_\_

Business Address (as appears on DPS/PSB records) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (business) \_\_\_\_\_ Fax \_\_\_\_\_

**DPS/PSB License # B** \_\_\_\_\_

Texas Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN FULL**

Do you own the above business? \_\_\_\_ If not, \_\_\_\_\_  
(name of employer/supervisor)

How long have you been engaged in the Locksmithing profession? \_\_\_\_\_

Do you belong to any other Locksmith Association? \_\_\_\_ If yes, please list \_\_\_\_\_

Sponsored by LASA Member \_\_\_\_\_ # \_\_\_\_\_

**Attach a color copy of your Texas 'pocket card'** \_\_\_\_\_

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\_\_\_\_ The **General Member** may vote, hold office, receive monthly publication (Master Pin), and a member price for CEU (education). \$ 36 yr.

**Please return application with check/money order made payable to LASA.**

You **must be present** at the third reading to be voted into membership and take the membership pledge.

X \_\_\_\_\_ **Signature of applicant**

**LASA PO Box 240277 San Antonio, Texas 78224**