

# South Carolina Locksmith Association

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PO Box 806  
Easley, SC 29641

Phone (864) 884-1746



## Dear Fellow Locksmith,

Thank you for your interest in the South Carolina Locksmith Association. The objective of our association is to encourage locksmiths to meet and exchange ideas, information, and techniques; in a word — **education**. Our association works to promote the public understanding and respect of the locksmith trade.

Our association meets four times a year — January, April, July, and October — during the fourth weekend of that month. Nonmembers may attend quarterly conventions based on the following: the first convention has no registration fee, and subsequent conventions have a \$50.00 registration fee. Classes may be attended if fee for that class is paid, except restricted classes (a restricted class is determined by the executive board and executive committee as per SCLA constitution, article 6, section 5). Annual membership dues are \$150.00, which includes the SCLA quarterly newsletter.

**To apply for membership** you must send the following:

1. a completed, original application form
2. a completed fingerprint card
3. a current, upper torso, color photograph, approximately 3" x 3"
4. the \$40.00 nonrefundable application fee
5. the prorated dues. If you would be joining in —

**January** .....send \$150.00 dues + \$40.00 application fee ..... **total \$190.00**

**April** .....send \$112.50 dues + \$40.00 application fee ..... **total \$152.50**

**July** .....send \$75.00 dues + \$40.00 application fee ..... **total \$115.00**

**October** .....send \$37.50 dues + \$40.00 application fee ..... **total \$77.50**

Your application for membership must be received by the SCLA secretary no less than 45 days prior to business meeting at which you wish your membership to be considered. You must attend the board meeting prior to business meeting to be interviewed by the SCLA executive board. If the SCLA executive board approves your application, then you must attend the next business meeting to be voted on by the SCLA membership. If approved, you may attend any classes by paying required fees.

We would be pleased to have you join the South Carolina Locksmith Association. If you have any questions, please contact Madea Everette, Association Secretary, by mail, phone, or email at [sclasecretary19@gmail.com](mailto:sclasecretary19@gmail.com)

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## Application for Membership

Full name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

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

Previous residence (within past 5 years) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Spouse's name \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

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

Previous employer (within past 5 years) \_\_\_\_\_

Are you an: Owner \_\_\_\_\_ Partner \_\_\_\_\_ Corporate officer \_\_\_\_\_ Employee \_\_\_\_\_ Student \_\_\_\_\_

If business owner or partner, what security services does your shop offer? \_\_\_\_\_

How long have you worked in the locksmith trade? \_\_\_\_\_

How many hours per week do you work in locksmithing? \_\_\_\_\_

Are you bonded? \_\_\_\_\_ By whom? \_\_\_\_\_

How did you learn the trade? \_\_\_\_\_

What locksmith courses (resident or correspondence) have you completed? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_ Charge \_\_\_\_\_

Disposition \_\_\_\_\_

Character reference (not an SCLA member) Full name \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Full address \_\_\_\_\_

Are you a member of any other locksmith association? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the association? \_\_\_\_\_

What is your member number in that association? \_\_\_\_\_

### **Background Check Permission (Comprehensive)**

**1. General Consent to Background Investigation:** As a condition of South Carolina Locksmith Association (SCLA) consideration of my application for membership, I give permission to SCLA to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my membership application.

**2. Consent to Contact Past Employers:** I specifically give permission to SCLA to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with SCLA. Consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of SCLA. I further wave all rights I may have under law to receive a copy of any written statement provided by any of my former employers to SCLA. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

**3. Consent to Contact Government Agencies:** I further give SCLA permission to receive a copy of any information obtained in the file of any federal, state, or local court or governmental agency concerning or relating to me. I further consent to the release of such information. In the event a law does not provide for SCLA to have access to information, I hereby delegate SCLA as my agent for the receipt of the information. I understand that the scope of this investigation will be limited as required by applicable law.

**4. Cooperation with Investigation:** I agree to fully cooperate in SCLA's background investigation, and to sign any waivers or releases that may be required in the completion of said background investigation. I hereby release any representative of SCLA or agency/agency personnel from all liability and agree not to sue them for defamation or other claims based upon any statements they may obtain and release as a result of said background investigation. I further state that all answers on my application are true to the best of my knowledge.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Witness: \_\_\_\_\_

SSN: \_\_\_\_\_

Drivers license number and state: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

**Important information:**

All questions on this application must be answered completely. Application must be signed by the applicant. The fingerprint card, photograph, \$40.00 nonrefundable application fee, and pro-rated dues must be included or application will be considered incomplete and will be returned. All application materials must be received by the Membership Committee at least 45 days prior to the meeting at which the applicant wishes his membership to be considered. Applicant must attend the board meeting prior to business meeting to be interviewed by the SCLA executive board. If the SCLA executive board approves the application, then applicant must attend the next business meeting to be voted on by the SCLA membership. Requests for exceptions to the above requirements must be submitted in writing, fully explanatory, and must accompany this application form.

**Secretary use only:**

Total funds received \_\_\_\_\_ Application fee \_\_\_\_\_ Dues \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

Membership number: Regular \_\_\_\_\_ Apprentice \_\_\_\_\_ Associate \_\_\_\_\_

**Membership Committee use only:**

Type of membership approved: Regular \_\_\_\_\_ Apprentice \_\_\_\_\_ Associate \_\_\_\_\_

Membership not approved \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_

Signature (President or Vice President) \_\_\_\_\_

Date \_\_\_\_\_