



# ASSOCIATED MEMBERSHIP APPLICATION DETAILS



The MLA has launched a new membership category.

The "Associated" category is for those locksmiths who want to join as personal members and have been working full time or trading as a locksmith for 3 years or more. 2 Trade references confirming this will be required (either from a suppliers or one from a fellow locksmith) and a satisfactory Disclosure & Barring Service check (formerly CRB check) will be required also. The standard MLA application process will then be followed and once the application has been approved then those joining will be able to enjoy the significant benefits that personal membership brings including:-

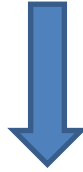
- ID Card
- Free copy of Keyways (the MLA's journal)
- Attendance at Regional Meetings
- Access to the MLA forum
- Discounted MLA training & exams
- Supplier Discounts
- Significant vehicle discounts
- Payment processing deals
- Specialist & Discounted Insurance
- Various other discounted services

Similar to some other personal membership categories this is non-voting, and use of the logo or claims of membership will not be permitted in marketing material.

Those wishing to progress to gain full benefits of using the logo and promotion on the MLA site etc. will have the opportunity to find out more about the qualification and inspection requirements associated with advancing to become an MLA Approved Company.

# Application Process

Application Received (along with £48 for enrolment fee and £36 for the DBS check)



References and DBS check obtained



Entered into Keyways Listing as applying for membership



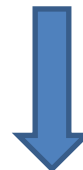
To Board and DBD for approval (if references and DBS check acceptable)



Once 21 days in Keyways completed request for subscription payment (pro-rata'd if applying outside of full subs year)



Payment Received



Membership is endorsed with registration number, ID card, certificate and any other relevant information and all will then be posted out to you.



**MASTER LOCKSMITHS ASSOCIATION**

**APPLICATION FOR ASSOCIATED LOCKSMITH MEMBERSHIP**

Please complete this form in BLOCK CAPITALS, entering details in each box. Do not leave blanks but enter "N/A" or "None" if appropriate.

Please enclose £48 NON-REFUNDABLE Registration Fee and £36 for a Disclosure & Barring Service Check (formerly CRB)

and return to: 5d Great Central Way, Woodford Halse, Daventry, NN11 3PZ

Temporary No:

Reg. No:

|  |
|--|
|  |
|  |

boxes for office use only

|   |  |  |                          |    |              |                          |
|---|--|--|--------------------------|----|--------------|--------------------------|
| Title (e.g. Mr.)  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Forename(s)   | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Surname   | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Home Address  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
|   | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| County  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Postcode  | <input style="width: 45%;" type="text"/>   | Country                                  |                          |    |              |                          |
|   | <input style="width: 45%;" type="text"/>   | <input style="width: 45%;" type="text"/> |                          |    |              |                          |
| Telephone No.   | <input style="width: 80%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Email Address   | <input style="width: 80%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Date of Birth   | <input style="width: 80%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Place of Birth  | <input style="width: 80%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Current Job Description   | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Present Employer  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| If employer is a MLA member please give their Registration Number | <input style="width: 60%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Work Address  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
|   | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Include Postcode  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Telephone No.   | <input style="width: 80%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Email Address   | <input style="width: 80%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Date joined Company   | <input style="width: 60%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| <b>If self-employed, please give the following information</b>    |  |  |                          |    |              |                          |
| Business Name   | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Business Address  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| If different from home  | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |
| Address for correspondence  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Tick</td> <td style="width: 40%;">Home address</td> <td style="width: 10%; text-align: center;">OR</td> <td style="width: 40%;">Work address</td> </tr> </table> | Tick                                     | Home address             | OR | Work address | <input type="checkbox"/> |
| Tick  | Home address   | OR                                       | Work address             |    |              |                          |
| How long have you been a practising Locksmith?                    | <input style="width: 40%;" type="text"/>   | Years                                    | <input type="checkbox"/> |    |              |                          |
| Have you ever applied for Membership before?                      | <input style="width: 40%;" type="text"/>   | Yes/No                                   | <input type="checkbox"/> |    |              |                          |
| If YES, please give dates   | <input style="width: 80%;" type="text"/>   |  | <input type="checkbox"/> |    |              |                          |
| Have you ever been refused membership?                            | <input style="width: 40%;" type="text"/>   | Yes/No                                   | <input type="checkbox"/> |    |              |                          |
| If Yes, please give details                                       | <input style="width: 95%;" type="text"/>   | <input type="checkbox"/>                 |                          |    |              |                          |

**Membership Category applied for is that of Associated Locksmith.**

**You must have a minimum of 3 years working/trading as a locksmith behind you to enable you to apply for this category of membership**

|                       |                      |                          |
|-----------------------|----------------------|--------------------------|
| 1. Last Employer      | <input type="text"/> | <input type="checkbox"/> |
| Date of employment    | <input type="text"/> | <input type="checkbox"/> |
| Telephone number      | <input type="text"/> | <input type="checkbox"/> |
| Job Description       | <input type="text"/> | <input type="checkbox"/> |
| 2. Previous Employer  | <input type="text"/> | <input type="checkbox"/> |
| Date of employment    | <input type="text"/> | <input type="checkbox"/> |
| Telephone number      | <input type="text"/> | <input type="checkbox"/> |
| Contact for Reference | <input type="text"/> | <input type="checkbox"/> |

The following referees will be requested to supply written references.

Referees must not be related to the applicant unless he/she is a Member of the Master Locksmiths Association.

One referee MUST be a supplier and one must be a working locksmith. Both referees should be able to confirm length of time you have been working/ trading.

Checks may be made with any other appropriate sources.

**1ST REFEREE**

|               |                      |                          |                      |                          |
|---------------|----------------------|--------------------------|----------------------|--------------------------|
| Name          | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| Profession    | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| Address       | <input type="text"/> | <input type="checkbox"/> |                      |                          |
|               | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| County        | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| Postcode      | <input type="text"/> | Country                  | <input type="text"/> | <input type="checkbox"/> |
| Telephone No. | <input type="text"/> |                          |                      |                          |

**2ND REFEREE**

|               |                      |                          |                      |                          |
|---------------|----------------------|--------------------------|----------------------|--------------------------|
| Name          | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| Profession    | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| Address       | <input type="text"/> | <input type="checkbox"/> |                      |                          |
|               | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| County        | <input type="text"/> | <input type="checkbox"/> |                      |                          |
| Postcode      | <input type="text"/> | Country                  | <input type="text"/> | <input type="checkbox"/> |
| Telephone No. | <input type="text"/> |                          |                      |                          |

The Master Locksmiths Association requires that the character of each of its members is beyond reproach.

You will need to have a DBS check which will be undertaken by us at a cost of £36.00

In addition, it is essential that ALL applicants answer the following questions otherwise applications will not be accepted. Have you: -

a) ever been convicted of any offence involving fraud, other dishonesty or violence?

YES  NO

b) ever been convicted of any other offence, excluding minor traffic offences?

YES  NO

c) been adjudged bankrupt or, in Scotland had your estate sequestered, within the last ten years?

YES  NO

d) had any County Court judgement connected with Trading Practices recorded against you within the last three years?

YES  NO

If you have answered YES to any of the above questions, please give full details (using a separate sheet if necessary)

Offence

Court

Date

Result

Comments

## DECLARATION

I certify that I have read this form, answered the questions truthfully and understand that these answers are part of my application for membership.

I understand that failure to disclose any conviction which subsequently comes to the notice of the Board of Directors of the Master Locksmiths Association will immediately invalidate membership.

In the event of the answers I have given changing at any time I will immediately notify MLA Head Office.

I will abide by the Bylaws of the Master Locksmiths Association and will assist the Association in achieving its objectives.

I understand that membership of the MLA is a personal membership and cannot be used in any form of advertising.

I undertake not to use any logos, Coat of Arms or title other than those designated by the Bylaws.

I will return membership certificates and identity cards and cease using any reference to MLA if my membership is terminated.

I enclose 2 passport size photographs of me, one endorsed on the reverse by 1 of my referees, confirming that it is a true likeness of me.

please tick

AND

**NON -REFUNDABLE Registration fee of £48 and  
£36 for DBS check: - total of £84**

please tick

Please make cheque payable to MASTER LOCKSMITH ASSOCIATION or MLA

Signed

Date



**MASTER LOCKSMITHS ASSOCIATION**

**Application for Disclosure & Barring Service Check Form**

Please complete this form, you are advised to keep a copy for your records.

Company.....Name:.....

Membership No:.....

Address: .....

.....

Post Code: .....

**The cost for this service is £36.00 which is non-refundable and payment must accompany the application.**

**Cheques should be made payable to: The Master Locksmiths Association.**

If you wish to pay by debit/credit card then please contact Head Office on 01327 262255.

**Signature:.....**

**Print Name: .....**

# MASTER LOCKSMITHS ASSOCIATION

SUBSCRIPTIONS AND FEES to 30/6/2018 (please note that a pro rata payment will be applicable for anyone joining part way through a subscription year)

## SUBSCRIPTIONS

COST  
(Inclusive of VAT @ Current rate)

### MLA AFFILIATE SECTOR

|                                |          |
|--------------------------------|----------|
| AFFILIATE (<£1m turnover)      | £582.00  |
| AFFILIATE (>£1m <£5m turnover) | £1118.00 |
| AFFILIATE (>£5m turnover)      | £1680.00 |
| AFFILIATE MEMBER EMPLOYEE      | £5.00*   |

### MEMBERSHIP

|                           |         |
|---------------------------|---------|
| COMPANY (MAIN)            | £406.00 |
| COMPANY (BRANCH)          | £222.00 |
| PERSONALTRADING MEMBER    | £86.00  |
| FELLOW                    | £86.00  |
| MEMBER                    | £86.00  |
| ASSOCIATE                 | £86.00  |
| ASSOCIATED LOCKSMITH      | £100.00 |
| APPROVED COMPANY EMPLOYEE | £5.00*  |

### BRITISH LOCKSMITHS INSTITUTE (BLI)

|                  |         |
|------------------|---------|
| STUDENT          | £100.00 |
| ADVANCED STUDENT | £86.00  |

### GUILD OF KEYCUTTERS

|                                |         |
|--------------------------------|---------|
| MEMBER (Per Address)           | £123.00 |
| IF MLA APPROVED COMPANY MEMBER | £79.00  |

### FEES

|                              |         |
|------------------------------|---------|
| ENROLMENT (Approved Company) | £123.00 |
| ENROLMENT (BLI)              | £48.00  |
| RE-JOINING                   | £48.00  |
| COMPANY INSPECTION FEE       | £204.00 |

### POSTAGE FOR OVERSEAS MEMBERS (ALL CATEGORIES)

EUROPE/EU = £33.00      AIR ZONE 1 = £43.00      AIR ZONE 2 = £45.00  
*To be added to subscription costs*

**PLEASE SEND YOUR ENROLMENT FEE ONLY WITH YOUR MEMBERSHIP APPLICATION, YOU WILL BE INVOICED FOR YOUR SUBSCRIPTION FEE ONCE YOUR MEMBERSHIP APPLICATION HAS BEEN APPROVED**

\*Employee membership is to enable DBS checks to be performed for training/exams to be undertaken and/or ID card to be issued. It is only, applicable to MLA Affiliate and Approved Company Members.