



Application for Associate Membership

The Association of Ontario Locksmiths
 2200 Midland Avenue
 Scarborough, Ontario
 Canada M1P 3E6

Phone: 416-321-2219 Fax: 416-321-5115
 www.TAOL.net office@taol.net
 TAOL ... The association the works for you

Office use only

TAOL#: _____
 Date: _____
 Payment: _____
 Approved: _____
 Class: Associate

Bus Owner:		Your Name:	
Company:		Your Address:	
Bus Address:		Line 2:	
Line 2:		City / Prov:	
City / Prov:		Post Code:	
Post Code:		Phone:	
Bus Phone:		Fax:	
Bus Fax:		Cell:	
Email:	@	Email:	@

ASSOCIATE - a manufacturer, company or distributor engaged in supplying security hardware and accessories to the locksmithing, security and safe industry. An associate member is eligible to hold office, excluding President and Vice-President. Associate members holding office shall be limited to a maximum of two (2) members. An associate member has the right to vote and may use the TAOL logo in their advertising marked "Associate Member"

In recognition of your support, you will receive a complimentary listing in T.A.O.L.'s publication, "The Ontario Locksmith" Such listing to appear in each issue so long as you retain your associate membership.

An associate member must notify the TAOL of any representatives changes in writing.

<p>This application form must be accompanied by a full year's dues payment of \$225.00. Your dues will be pro-rated for the following year, based on the month of your original acceptance. Anyone joining after Aug 31st of the current year must pay full dues \$225.00 for the following year, PLUS the pro-rated dues for the rest of the current year. Thereafter, dues will be billed yearly, at the start of each year.</p>	<p>All members agree to provide the results of an RCMP security check upon demand. If accepted as a member I agree to abide by the Rules and Regulations of The Association of Ontario Locksmiths. I further agree to adopt the objects and Code of Ethics of TAOL as my own and to practice every clause to the best of my ability. Should my membership in TAOL be discontinued, I agree that all insignia will be removed from my place of business, residence, vehicle, all advertising and personal property.</p>
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Your Signature:		Date:
Business Owner's Signature:		Date: