

SAVTA

Safe and Vault Technicians Association

A division of ALOA Security Professionals Association, Inc.

Membership Application

3500 Easy St.
Dallas, TX 75247
(214) 819-9771
Fax (214) 819-9736
www.savta.org
Email: info@savta.org

CANDIDATE PLEASE TYPE OR PRINT		
Name: Mr. Mrs. Mrs. First	Last	MI
Certification (if any		
Business Name		
Mailing Address		
CityStateZip 0	CodeCountry	
Work Phone_	_Fax	
Home Address		
CityStateZip 0	•	
Home Phone	_Email Address	
Date of Birth (required)Social Security # (required)		
I work as (check one): Safe Technician/Locksmith Security Consultan	Government Employee Industr	ial/Institutional Security
TRADE-RELATED PERSONAL CHARACTER REFERENCES	SAVTA Member Sponsor	
(GIVE 2)	Sponsor's SAVTA Number	
Reference #1 Name	Have you ever been convicted of a felo	onv?
Address	Yes No If yes, please describe on a separate sheet.	
City	PREVIOUS EMPLOYMENT:	
State Zip County	Company	
Phone	Street Address	
Email	City	
Reference #2 Name	State Zip	County
Street Address	Phone	
City		to:
State Zip County	Position:	
Phone	MEMBERSHIP FEES:	_
Email	Membership includes subscription, hotline, USA \$220	seas \$285
	USA \$190 Canada \$190 Overs	
METHOD OF PAYMENT ADD \$70 APPLICATION FEE. Total Fee Enclosed: \$ Check MasterCard Visa American Express Discover		
Card Number Exp.		FOR OFFICE USE ONLY:
		Member #
Print Name on Card		Amount
Signature	Date	

I understand that my membership may be refused or cancelled at any time if information herein is false. To maintain the highest standards of security, SAVTA reserves the right to refuse any application. I understand and consent that in the course of reviewing this application, SAVTA may review publicly available information for the purpose of verifying the information submitted and do a background check. Incomplete applications will delay processing. All information will remain confidential.