



# 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.  Ms. First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Certification (if any) \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_ Social Security # (required) \_\_\_\_\_

I work as (check one):  Safe Technician/Locksmith  Security Consultant  Government Employee  Industrial/Institutional Security

### TRADE-RELATED PERSONAL CHARACTER REFERENCES (GIVE 2)

Reference #1 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Reference #2 Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### METHOD OF PAYMENT

Check  MasterCard  Visa  American Express  Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ SEC \_\_\_\_\_

Print Name on Card \_\_\_\_\_

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.

Signature

Date Signed

Revised 06/15/17

SAVTA Member Sponsor \_\_\_\_\_

Sponsor's SAVTA Number \_\_\_\_\_

Have you ever been convicted of a felony?

Yes  No If yes, please describe on a separate sheet.

### PREVIOUS EMPLOYMENT:

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Position: \_\_\_\_\_

### MEMBERSHIP FEES:

Membership includes subscription, hotline, technical website, bonding, etc.

USA \$215  Canada \$230  Overseas \$280

OR GO GREEN (All correspondence from SAVTA will be sent electronically)

USA \$190  Canada \$190  Overseas \$190

ADD \$70 APPLICATION FEE. Total Fee Enclosed: \$ \_\_\_\_\_

### FOR OFFICE USE ONLY:

Member # \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_