

# GREATER HOUSTON LOCKSMITHS ASSOCIATION, INC.

## APPLICATION FOR MEMBERSHIP

I certify, by my signature below, All information submitted on this application is true to the best of my knowledge and belief. I understand if I am admitted to membership on the basis of information I have furnished and such Information should later be shown to be untrue, I am subject to immediate expulsion, and agree to such action in that event. If accepted for membership, I pledge that the Bylaws, Rules, Regulations and Policies of GHLA shall govern me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RIGHT HAND

1. Thumb	2. Index Finger	3. Middle Finger	4. Ring Finger	5. Little Finger

### LEFT HAND

1. Thumb	2. Index Finger	3. Middle Finger	4. Ring Finger	5. Little Finger

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 DPS #: \_\_\_\_\_ FBI#: \_\_\_\_\_

<b>SIGNATURE</b>  <b>X</b>
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Fingerprints take by:	Date prints taken:	Note Amputations:
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LEFT four fingers taken simultaneously	L. Thumb	R. Thumb	RIGHT four fingers taken simultaneously