



SAVTA

Safe and Vault Technicians Association

A division of ALOA Security Professionals Association, Inc.

Membership Application

1408 N. Riverfront Blvd
#303 Dallas, TX 75247

(469) 453-5241

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 _____ County _____

Work Phone _____ Fax _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

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 _____

(There is a 3% surcharge on all credit card payments)

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 2025

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.

\$275

ADD \$80 APPLICATION FEE

Total Fee Enclosed: _____

FOR OFFICE USE ONLY:

Member # _____

Check # _____

Amount _____