



MLAK ORDER FORM

To order an MLAK key, please fill in this form and have it verified by either a health professional, disability organization, or the centre management or owner of an entity with an MLAK enabled facility. Once completed, please return it to the Master Locksmiths Association by mail, email or fax.

Name of applic	ant:			
Delivery addres	ss:			
Email (for your	receipt):			
Verification				
receive an MLAK K	ey. (Find a m	ember by visiting the 'get help' sect	ion on <u>www.contine</u> full name] declare t	hat the applicant above has a valid
Continence Fou	ındation of	f Australia member number:		
Signature:				
Position:				
Organisation:				
		Master Locksmiths Association (ML smiths on the MLAA website www.r		
Payment	The MLA	A head office offers credit ca	rd payment only	
	Cost is \$20	per key when ordered at MLAA	head office	
	□ VISA	☐ MASTERCARD		
Card Number:				CVV: [3 digit number on the back]
Name on Card:				Expiry Date:/
Signature:				