



NATIONAL ASSOCIATION OF BAIL BOND INVESTIGATORS

Membership Application

P.O. Box 1624, El Cerrito, CA 94530 925-405-2730

www.nabbi.org

Note: Payment must be submitted with this application. (\$100 annual dues for first year plus \$25 **non-refundable application fee**) Annual dues will be refunded if application is not accepted after the mandatory **30-day screening process**. A **valid street address** and **home phone** are mandatory on the membership application. However, they are not required to be displayed in your listing in the membership directory. Make Checks Payable to: NABBI

PLEASE WRITE LEGIBLY

Type of Membership Requested (see Bylaws)

NABBI™ Member

NABBI™ Associate Member

Your Name: _____ Date of Birth: _____

Firm Name: _____ Position/Title: _____

Mailing Address:

Street _____ City _____ State _____ Zip Code _____

Street Address:

Street _____ City _____ State _____ Zip Code _____

Telephone:

Daytime Office

Toll Free

Fax

Email: _____

Business status

Corporation

Year: _____

Corp Subsidiary

DBA

LLC

Partnership

Have you ever been convicted of a felony?

NO YES (attach separate sheet with details)

By what authority are you empowered?

Licensing

Registration

Certification

None required

Number if licensed, registered or certified: _____

From what source did you learn of NABBI™ _____

Other professional associations: _____

Please carefully read the following:

I authorize the NATIONAL ASSOCIATION OF BAIL BOND INVESTIGATORS (NABBI™) to investigate the statements made on this application and my qualifications for membership.

I understand that membership, if granted, will be in MY NAME and not in the name of any company owned by me or with which I am affiliated. I further understand that my membership cannot be transferred to another person.

I agree to abide by the NABBI™ Bylaws and Code of Ethics and to all amendments thereto.

I agree to submit to binding arbitration in all disputes with NABBI™ members involving fees, work performance and professional conduct in accordance with the procedures set forth in the NABBI™ Bylaws and Code of Ethics.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant

DATE



NATIONAL ASSOCIATION OF BAIL BOND INVESTIGATORS

*** Application for Membership ***

MEMBERSHIP DIRECTORY QUESTIONNAIRE

ATTENTION: The information below will appear in your listing in the Directory and on the NABBI™ website.
Please type or print CLEARLY

Your Name _____ **License #** _____

Firm Name _____ **Position/Title** _____

Displayed Address _____

Street

City

State

Zip Code

Telephone _____

Daytime Office

Toll Free

Cell/Mobile

FAX

Email: _____

Website: _____

Other professional associations: _____

Areas Served: _____

Standard Fee: _____

Services Offered: _____

NOTE: Each member will receive one listing under the State where they reside. Each state has different rules that govern advertising. Compliance with those rules is solely the members' responsibility.

I authorize publication of this information in the NABBI™ Directory.

Signature of Applicant

DATE