



NATIONAL ASSOCIATION OF BAIL BOND INVESTIGATORS

Membership Application Renewal

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.) 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

5100.00

PLEASE WRITE LEGIBLY

Type of Membership Requested

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 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: _____

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 Renewal ***
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