



“The Gold Standard in Serving and Representing Florida’s Bail Agents”

APPLICATION FOR MEMBERSHIP – 2018/2019

(Please print or type)

Full Name: _____

Agency Name: _____

Mailing Address: _____

City/Zip/County: _____

Business Phone: _____ Fax: _____

E-Mail: _____ Bail License No: _____

- Agent Membership \$200 (includes: Pen & T-Shirt) Agency Membership \$300 (includes: Pen, T-Shirt, Website recognition)

To the Members and Board of Directors:

Being desirous of active participation in the advancement of my chosen profession and with full recognition of the importance of the Association to the profession, I hereby submit my application for membership in the Florida Bail Agents Association. I understand that my membership is contingent upon approval by a majority vote of the Association’s Board of Directors as stated in the current Bylaws of the Association.

I furthermore agree that as a member of this association, I will abide by the Charter, Constitution and By-laws as they are now or may hereafter be amended, that I will support its objectives and interest and will pay dues, as established. I do further agree to abide by the code of ethics adopted by the Association.

By my signature below, I hereby acknowledge that I understand and accept that, in accordance with the Association’s Bylaws, my membership may be terminated at any time, by a majority vote of the Association’s Board of Directors, if I, in the judgment of the Association’s Board of Directors, engage in any activity or conduct which is unethical or detrimental to the purposes of the Association or the bail profession in the State of Florida, or which violates the Association’s Code of Ethics. I agree to continue my concurrence with the above statements for each subsequent renewal year of membership.

Applicant Signature: _____ Date: _____

Membership Period: One calendar year from January 1. Please make your membership dues (Agent Membership \$200, Agency Membership \$300) check payable to “FBAA” and return with this application to: FBAA, P.O. Box 511104, Punta Gorda, FL 33951, or:

Credit Card Payment

Visa MC AE Account Number: _____ Exp.: _____ Sec Code: _____

BUF Account authorization _____ (Surety company name)

I elect for my Membership Fee to be paid out of my BUF account Automatic Renewal Annually

I elect for a Donation, in the amount of \$ _____, be paid out of my BUF account

Signature: _____

Questions: Call FBAA at 941-421-7408, or email at: office@FBAA.us.