



APPLICATION FOR SURETY COMPANY MEMBERSHIP – 2018/2019

(Please print or type)

Full Name: _____ Title: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____ Fax: _____

E-Mail: _____

To the Members and Board of Directors:

Being desirous of active participation in the advancement of the bail and surety profession and with full recognition of the importance of the Association to the profession, _____, a surety/insurance company licensed to operate in the State of Florida, hereby submits application for membership in the Florida Bail Agents Association. It is understood that 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.

On behalf of said surety/insurance company, the undersigned furthermore agrees that as a member of this Association, to abide by the Charter, Constitution and By-laws as they are now or may hereafter be amended, to support its objectives and interest and will pay dues, as established, and to abide by the code of ethics adopted by the Association.

On behalf of said surety/insurance company, the undersigned furthermore acknowledges and accepts that, in accordance with the Association's Bylaws, said membership may be terminated at any time, by a majority vote of the Association's Board of Directors, if any officer, director or employee, on behalf of said surety/insurance company, in the judgment of the Association's Board of Directors, engages 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. On behalf of said surety/insurance company, the undersigned agrees to continue my concurrence with the above statements for each subsequent renewal year of membership.

Company Voting Member: _____

Alternate Voting Member: _____

Applicant's Signature: _____ Date: _____

Membership Period: One calendar year from January 1. Please make your membership 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: _____

Automatic Renewal Annually **Signature:** _____

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