



# FLORIDA BAIL AGENTS ASSOCIATION

"The Gold Standard in Serving and Representing Florida's Bail Agents"

## APPLICATION FOR MEMBERSHIP

(please print or type)

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Zip/County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Bail License No: \_\_\_\_\_

### 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 Bylaws 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 or membership.

**BUF Account Auth:** \_\_\_\_\_

**(Surety Company name)**

I elect for my Membership Fee to be paid out of my BUF account:

\$200 Individual Membership

\$300 Agency Membership

Automatic Annual Renewal

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions: Call FBAA 941-421-7408

Email this form to: office@FBAA.us

or if you prefer to pay by check send form and check to:

FBAA PO Box 20431 Tallahassee, FL. 32316