



California Bail Agents Association
 P.O. Box 868, Long Beach, CA 90801
 Phone: (310) 549-3512
 www.cbaa.com | gm@cbaa.com

2015 CBAA MEMBERSHIP APPLICATION

Make the smart business decision and join the CBAA Now!

Date: _____

Sponsor _____ (optional)

| | | |
|--------------------------|-------------------------|--|
| <input type="checkbox"/> | New Member | \$99.00 (First time members only.) |
| <input type="checkbox"/> | Voting Member | \$150.00 per person (California bail licensees only, renewed annually) |
| <input type="checkbox"/> | Associate Member | \$125.00 per person (nonvoting membership available to those not licensed, renewed annually) |
| | | Profession: <input type="checkbox"/> Attorney <input type="checkbox"/> Bail Fug Recovery <input type="checkbox"/> Private Investigator <input type="checkbox"/> Other |
| <input type="checkbox"/> | Agency Member* | \$300 per agency (2 voting membership, CA bail license) |
| <input type="checkbox"/> | Lifetime Member | \$1,800 per person (CA bail licensees only) |
| <input type="checkbox"/> | Retired | \$50 |

*Additional licensed employees may be added as non - voting members for \$25 each)

| | | | |
|---|-----------|-----------------------------------|-----------|
| Personal Information: | | Additional Agency Members: | |
| Agency Name: | Bail Lic# | Voting Member Name: | Bail Lic# |
| Address: | | eMail: | |
| City: | State: | Zip: | |
| Member Name: | | Non Voting Member(s) | |
| Address: | | Name: | Bail Lic# |
| City: | State: | Zip: | eMail: |
| Phone: | Fax: | Name: | Bail Lic# |
| eMail: | | eMail: | |
| <input type="checkbox"/> Place my agency information on the website (if applicable) | | Notes: | |
| <input type="checkbox"/> I would like to receive communications from CBAA | | | |
| <input type="checkbox"/> I would like to opt out | | | |

| | | | |
|---|--|---|-----------|
| Payment Amount | | Payment Method | |
| Membership Dues Enclosed: | \$ | Name: | Exp Date: |
| CBAA PAC Contribution: | \$ | Card Number: | |
| TOTAL: | \$ | Billing Address: | |
| Renewal Option | | City: | Zip: |
| <input type="checkbox"/> I authorize CBAA to charge my card | | Signature: | |
| <input type="checkbox"/> Single payment | <input type="checkbox"/> 2 Payments (2 consecutive months) | <input type="checkbox"/> 3 Payment (3 consecutive months) | |

By Submitting this form, I acknowledge that:

1) A portion of membership dues to CBAA may be deductible as an ordinary and necessary business expense. However 35% of membership dues are not deductible since they are allocated to CBAA's effort to lobby on behalf of its members. Membership dues are not considered Charitable contributions (if you have any questions regarding the deductibility of your membership dues , please consult with your legal accounting advisors.) __ Contributions to the CBAA-PAC are not deductible as business expenses. I hereby authorize CBAA to send me via fax or e-mail information regarding its education program, its legislative program, its convention and other pertinent

Complete this form and mail to: P.O. Box 868, Long Beach, CA 90801
 Phone 562-234-1796 Fax: 562-432-1366
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