



California Bail Agents Association
 359 W. Mission Blvd. Pomona, CA 91766-1606
 Phone: (310) 549-3512
 www.cbaa.com | gm@cbaa.com

2017 CBAA MEMBERSHIP APPLICATION

Make the smart business decision and join the CBAA Now!

Date: _____

Sponsor _____ (optional)

| | | |
|--------------------------|-------------------------|--|
| <input type="checkbox"/> | New Member | \$99.00 <i>(First time members only.)</i> |
| <input type="checkbox"/> | Voting Member | \$150.00 per person <i>(California bail licensees only, renewed annually)</i> |
| <input type="checkbox"/> | Associate Member | \$125.00 per person <i>(nonvoting membership available to those not licensed, renewed annually)</i> |
| | | 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 <i>(2 voting membership, CA bail license)</i> |
| <input type="checkbox"/> | Lifetime Member | \$1,800 per person <i>(CA bail licensees only)</i> |
| <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 Legal Fund \$ | Card Number: _____ | | |
| CBAA PAC Contribution: \$ | Billing Address: _____ | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100px;">TOTAL:</td> <td style="border: none;">\$</td> </tr> </table> | TOTAL: | \$ | |
| TOTAL: | \$ | | |

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: 359 W. Mission Blvd. Pomona, CA 91766-1606
 Phone: (888) 391-0456 Fax: (888) 390-8359
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