

## ALABAMA BAIL BOND ASSOCIATION

## MEMBERSHIP APPLICATION

## MEMBERSHIP APPLICATION INFORMATION

Company Name:						
Member First Name:						
Address:	City:			State:	Zip:	
Business Phone:	Cell Phone:		Email:_			
IF DIFFERENT BILLING ADDRESS ENTER BELOW						
Company Name:						
Address:		City:		_State:	Zip:	
MEMBERSHIP DESIGNATION						
\$500.00 Insurance Co	\$500.00 Insurance Company, Affiliate, Vender, Supplier, NON-Voting Membership					
\$150.00 Owner <b>Voting</b> Membership						
\$100.00 Agent <b>NON</b>	\$100.00 Agent NON-Voting Membership					
PAYMENT INFORMATION						
Cash/Check						
Credit Card/Debit						
Name on Card:						
Physical Billing Address for Card:						
City:	State:_			Zip:		
Card Type: Visa	MC	AM EX		Discover (	Card	
Card Number:				CVV:		
Card Expiration Date: Mo	nth:	Year:				
*THERE WILL BE A 4% SURCHARGE ON ALL CREDIT/DEBIT						
Membership Eligibility: Members sha good standing which have been electer requirements of membership contained Association. (2). The records of the Prof those seeking membership in the Association.	d to membership by the Bo d herein including the follo ofessional Bondsmen licen	ard of Directors, and wing: (1). Agree with sed and authorized to	which shall co the aim and p do business in	omply and controlled on the Annual the state of A	inue to comply with all the Alabama Bail Bond labama, including the books	
Printed Name:		Signa	ature:			