



Membership Application

WWW.NCAPPS.ORG

Applicant's Name _____

Business Name _____

Mailing Address _____ (address to be published on website)

Physical Address _____ (will not be published on website)

Telephone # _____ Cell # _____ Toll Free # _____

Email: _____ Fax # _____

Website: _____

TYPES OF RENEWAL MEMBERSHIP: Please check one.

<input type="checkbox"/> Regular Member \$100.00	Must be located in NC, has voting rights and can be an officer of NCAPPS.
<input type="checkbox"/> Associate Member \$50.00	A member that resides out of state, who is NOT a process server in NC, or has one year or less of experience in NC. Has no voting rights.
Would you be interested in working on a NCAPPS committee? If so, please specify the area in which you are interested.	<input type="checkbox"/> Legal <input type="checkbox"/> Events <input type="checkbox"/> Membership <input type="checkbox"/> Other, please specify.

List three counties of coverage (for NC Regular members only): _____

Services Provided: Please check which applies

- PS Process Service CF Court Filing CRS Court Records Search
 ST Skip Trace Mobile Notary SP Subpoena Preparation
 PI Private Investigation – A copy of your PI License is required and MUST BE SUBMITTED with application.

PI License Number, if applicable: _____

 I agree to submit to binding arbitration in all disputes with NCAPPS members involving fees, work performance and professional conduct in accordance with the procedures set forth in the Association's By-Laws.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

I authorize NCAPPS to investigate the statements made on this application and my qualifications for membership.

I also understand that membership will be in my name and not the name of the company and cannot be transferred.

I have read a copy of the NCAPPS By-Laws and Code of Ethics and understand the policy of the Arbitration & Grievance procedure.

Yes _____ No _____

SIGNATURE: _____

Date: _____

ONLINE RENEWAL PAYMENT IS PREFERRED, BUT COMPLETED APPLICATIONS AND DUES MAY BE SENT TO

NCAPPS
 C/O Audra Coleman, NCAPPS Treasurer
 PO Box 6720
 High Point, NC 27262