

Renewal Membership Application WWW.NCAPPS.ORG

For Renewals, please fill out your name, email and business name. <u>If any information has changed in the past year, please list the changes below.</u>

Applicant's Name			
Business Name			
Mailing Address			(address to be published on website)
Physical Address			(will not be published on website)
Telephone #			Toll Free #
Email:			Fax#
Website:			
TYPES OF RENEWAL MEMBERSHIP: Plea	ase check one	e.	
Regular Member \$100.00		Must be located in NC; has voting rights; and can be an officer of NCAPPS.	
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 NC committee? If so, please specify the area in are interested.		Legal Membership	EventsOther, please specify.
[] PS Process Service[] ST Skip Trace[] PI Private Investigation – A copy of yourPI License Number, if applicable:	[] Mobile N PI License is re	equired and MUST BE SUBN	SP Subpoena Preparation
I agree to submit to binding arbitration professional conduct in accordance with I DECLARE UNDER PENALTY OF PERJURY THAT THE authorize NCAPPS to investigate the statements I also understand that membership will be in my	the procedures HE STATEMENTS s made on this a	res set forth in the Assoc S MADE IN THIS APPLICATION application and my qualificati	iation's By-Laws. ARE TRUE AND CORRECT. ons for membership.
I have read a copy of the NCAPPS By-Laws a understand the policy of the Arbitration & G			
SIGNATURE:		Date:	
ONLINE RENEWAL PAYMENT IS PREFERRED, BUT COMPLETED APPLICATIONS AND DUES MAY BE SENT TO		, 110,1110	eman, NCAPPS Treasurer 27262