

NCAPPS

North Carolina Association of Professional Process Servers

MEMBERSHIP APPLICATION

*PRIOR TO SUBMISSION, PLEASE READ BYLAWS

Applicant's Name _____

Business Name _____ Since Date _____

Mailing Address _____

Physical Address _____

Telephone # _____ Toll Free # _____

Cellular # _____ Email _____

Fax # _____ Website _____

Date of Birth (00/00/0000) _____ E&O Insurance # _____

Affiliation with Process Servers Profession for _____ years.

TYPES OF MEMBERSHIP:

_____ **Founding Member (\$100.00** - includes 4 counties).

_____ **Regular Member (\$100.00** - includes 3 counties). **Must be located in North Carolina ONLY.**

Has Voting rights and CAN be an officer of NCAPPS.

_____ **Associate Member (\$50.00)** - Has NO Voting rights and CAN NOT be an Officer of NCAPPS.

List in the directory under the CITY of _____

Counties/Areas Served (Each additional county listing \$20.00.) _____

Services Provided: Please check which applies

PS Process Service CF Court Filing CRS Court Records Search SP Subpoena Preparation

ST Skip Trace Mobile Notary PI Private Investigation – A copy of your PI License is required.

Do you require fees in advance? Yes _____ No _____

Have you ever been convicted of a felony or has the authority to which you have been empowered to serve process or investigation ever been revoked in the U.S.? _____ (If yes, please attach a separate sheet with details.)

Do you conduct private investigations? _____ State/License No. _____

List names of other professional associations to which you belong. _____

VOLUNTARY LEGISLATIVE FUND DONATION \$ _____

NOTE: There is a \$25.00 **NON-REFUNDABLE** Administrative Fee applied to every application that is denied or withdrawn for any reason. No membership is activated until it has been presented to the MEMBERSHIP for a majority vote of acceptance into MEMBERSHIP. New Members will be notified of the individual membership activation date.

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.

APPLICANT'S SIGNATURE: _____

Date: _____

**SEND COMPLETED APPLICATIONS
WITH YOUR DUES PAYMENTS TO** →

MEMBERSHIP EFFECTIVE DATE: _____

NCAPPS Signature _____

NCAPPS – Membership
P.O. Box 121
Clayton, NC 27528