



Renewal Membership Application

WWW.NCAPPS.ORG

Please fill out your name, email and business name. If you any other information has changed in the past year, please list the changes below.

Applicant's Name _____

Business Name _____

Mailing Address _____ (address to be published on website)

Physical Address _____ Date of Birth _____

Telephone # _____ Cell # _____ Toll Free # _____

Email: _____ Fax # _____

Website: _____ E &O Insurance # _____

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.

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: _____

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been convicted of a felony or has the authority to which you have been empowered to serve process or investigation ever been revoked in the U.S.?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.)

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

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

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