



# CBAA

California Bail Agents Association

*Insuring that Justice is Served!*

COMPLETE THE FORM AND MAIL TO:

CBAA

P.O. BOX 4752

CARSON, CA 90749

310-549-3512 FAX 310-549-3500

*Make the smart business decision and Join CBAA Today!*

## CBAA Membership Application

*Please select from the following:*

- Voting Member**      \$ 150 per person. California Bail Licenses Only, Renewed Annually.
- Associate Member**      \$ 125 per person. Nonvoting membership available to those not licensed. Renewed annually.
- Lifetime Voting Member**      \$1,800 per person. California Bail Licenses only.
- Agency Membership**      \$ 300 per agency. 2 voting memberships. California Bail Licenses only. Renewed annually. Additional nonvoting members are \$25 per member renewed annually.

### Personal Information:

### Additional Agency Members:

Agency Name or Company Name \_\_\_\_\_

2nd Voting Member Name \_\_\_\_\_ Bail License # \_\_\_\_\_

Member Name \_\_\_\_\_ Bail License # \_\_\_\_\_

Address if different from agency address \_\_\_\_\_

Agency or Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Telephone \_\_\_\_\_  
Please attached a separate sheet with additional Agency Members names, addresses, phone number and email address.

Email \_\_\_\_\_ Website \_\_\_\_\_

**CBAA DOES NOT RENT, SELL, OR GIVE OUT ITS MEMBERSHIP INFORMATION**

### Payment Amount

Total Membership Dues Enclosed \$ \_\_\_\_\_

### Payment Method

Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_

Optional Payment Plan paid in 3 monthly credit card installments. Your 2nd and 3rd payments will billed to your credit card.

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_

Lifetime Member 1st payment of \$600 \$ \_\_\_\_\_

CVV Code on back of card    4 Digit code on front AMEX

Agency Member 1st payment of \$100 \$ \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Individual Member 1st payment of \$50 \$ \_\_\_\_\_

Billing Street Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### By submitting this form, I acknowledge that:

A portion of membership dues to CBAA may be deductible as an ordinary and necessary business expense. However, 35% of membership dues are not deductible since they are allocated to CBAA's efforts to lobby on behalf of it's members. Membership dues are not considered **charitable contributions**. I hereby authorize CBAA to send me, via fax or email, information regarding its education program, its legislative programs, its convention and any other pertinent information regarding the bail industry.

I wish to Op Out from receiving fax notifications from CBAA. Please initial box to the right \_\_\_\_\_.

[www.cbba.com](http://www.cbba.com)