



California Bail Agents Association

# California Bail Agents Association

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## 2022-2023 CBAA MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_

|                         |  |
|-------------------------|--|
| <b>Voting Member</b>    | <b>\$150 per Person-</b> <i>(California Bail Licensees only, renewed annually)</i>   |
| <b>Associate Member</b> | <b>\$125 per Person-</b> <i>(non-voting membership available to those not licensed, renewed annual)</i><br>Circle which applies below. |
|                         | <b>Profession:</b> Attorney    Bail Fug. Recovery    Private Investigator    Other   |
| <b>Agency Member*</b>   | <b>\$300 per Agency-</b> <i>2 voting membership, CA Bail License</i>   |
|                         | <b>* \$25 per Additional Licensed employees-</b> <i>may be added as non-voting members- agency member only</i>                         |
| <b>Lifetime Member</b>  | <b>\$1,800 per Person-</b> <i>CA Bail Licensees Only</i>   |
| <b>Surety Company</b>   | <b>\$1,000 per Company-</b> <i>(3 representatives, renewed annually)</i>   |
| <b>Retired Member</b>   | <b>\$ 50 per member-</b> <i>Renewed Annually</i>   |

| Personal Information:                                       | Additional Agency Members:      |
|---|---------------------------------|
| Member Name:  | Voting Member Name:             |
| Bail License #:   | Bail license #:                 |
| Member Address:   | Email:                          |
| City:                      State:                      Zip: |                                 |
| Member Phone:   | Non- Voting Member Information: |
| Member Email:   | Name:                           |
| Agency Name:  | Bail License #                  |
| Agency Address:   | Email:                          |
| City:                      State:                      Zip: |                                 |
| <b>I would like to receive communications from CBAA</b>     | Name:                           |
| Yes   | Bail License #:                 |
| No  | Email:                          |

| Payment Information:      |           | Payment Method:   |                  |
|---------------------------|-----------|-------------------|------------------|
| Membership Dues Enclosed: | \$        | Check #:          | Credit Card:     |
| CBAA Legal Funds:         | \$        | Credit Card #:    |                  |
| CBAA Pac Contribution     | \$        | Exp. Date:        | Security Code #: |
|                           |           | Billing Address:  |                  |
| <b>Total Payment:</b>     | <b>\$</b> | Email receipt to: |                  |

**By Submitting this form, I acknowledge that:**

1) 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 effort to lobby on behalf of its members. Membership dues are not considered Charitable contributions ( if you have any questions regarding the deductibility of your membership dues , please consult with your legal accounting advisors.) Contributions to the CBAA-PAC are not deductible as business expenses. I hereby authorize CBAA to send me via fax or e-mail information regarding its education program, its legislative program, its convention and other pertinent