NORTH CAROLINA BAIL AGENTS ASSOCIATION

1220 Eastchester Dr., Ste 104, High Point, NC 27265 | Office: 919-832-0867
Email: info@ncbaa.com | Fax: 866-249-7020

NCBAA MEMBERSHIP APPLICATION – 2026/2027

Online applications can be simply and quickly submitted at www.ncbaa.com. If you prefer, you may fill out this application and include your certified check or money order (payable to NCBAA) or complete credit card information section at the bottom. Dues are not refundable. NCBAA estimates that approximately 64% of dues paid is deductible as a business expense.

Membership

Must hold a valid NC bail bonding license to be eligible for Full Membership
Full Membership is subject to approval
Associate Members are for non-license bail bondsmen
All Memberships runs from July 1st - June 30th
Additional Information can be found at https://www.ncbaa.com/Member-Info

Dues

- ☐ **Individual Dues | $100**
- ☐ **Associate Dues | $50**
- ☐ **Additional Donation | $_____**

Applicant Information

☐ New Member
☐ Renewal

_____ _____
Full Legal Name NPN#

_____ _____ _____ _____
Preferred Mailing Address City State Zip Code

_____ _____ _____ ( ) Yes ( ) No
Phone Number Email Birthday (mo/day) Veteran:

( ) Yes ( ) No | Attending the 2026 NCBAA Annual Conference (August 21, 2026 – Carolina Beach, NC)

Payment Information

☐ My check/cash in the amount of $_____ is enclosed.
Make checks payable to "NCBAA"

☐ Please charge $_____ to my credit card listed below.

FOR OFFICE USE ONLY

- ☐ Directory Provided
- ☐ Certificate Sent
- ☐ Application Processed

Automatic Renewal (Optional)

☐ Please automatically renew my membership each year on July 1st using the credit card below.

By checking this box and signing below, you authorize NCBAA to charge your credit/debit card on July 1st of each year for membership dues. You may opt out of automatic renewals anytime prior to the automatic renewal charge date by calling or emailing NCBAA. Your card information will be stored in a secured credit card processing system and the written information will be redacted.

Credit Card Authorization: I authorize NCBAA to charge my credit/debit card for the agreed upon membership fees stated.

_____ _____/_____ _____
Credit Card Number Expiration Date CVV

_____ _____ _____ _____
Billing Address *(if different from above)* City State Zip Code

_____ _____ _____
Cardholders Name (As it appears on the card) Cardholders Signature Date