



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 – 2023/2024

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

_____ Phone Number

_____ Email

_____ Birthday (mo/day)

_____ Veteran:

() Yes () No

() Yes () No | Attending the 2023 NCBAA Annual Conference being held (Date: September 15, 2023)

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