Membership Application

A Complete Application is Required for Each Member!

Fiscal Year January 1, 2017 – December 31, 2017

(Please Type or Print – Application must be filled out completely.)

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Kansas Dept. of Insurance License Number (If Applicable):_____

Company Name:_____

Company Address:_____

City:_____ State:_____ Zip:_____

Phone Numbers: Office:_____ Home:_____

Fax:_____ Email:_____

TYPE OF MEMBERSHIP APPLIED FOR:

[ ] **ASSOCIATE MEMBERSHIP:** Fee - $100 Anyone wanting to further the Bail Bond Profession – Individual or Company NOT in the bail bonding business – Affiliate business such as Attorneys, Fugitive Recovery Agents, etc. This is a NON – Voting Membership but is entitled to attend meetings, functions and sit on committees.

[ ] **PROFESSIONAL BAIL AGENT MEMBERSHIP:** Fee - $200 All Professional Bail Agents – Property or Surety – This is a Voting Membership – each member is entitled to one vote and all other privileges provided by the KBAA.

[ ] **CORPORATE MEMBERSHIP:** Fee – Minimum $500 All Companies engaged in activities to support Professional Bail Agents such as Professional Insurance Companies. This is a NON-Voting Membership.

I AGREE TO ABIDE BY THE BY-LAWS AND CODE OF ETHICS OF THE ASSOCIATION:

_____ _____ _____ Applicant

Printed Name Date Applicant Signature

Mail to: KBAA c/o Dennis Berndt 158 N. 8th Salina, KS 67401 Ph: (785) 823-3301