



NATIONAL ASSOCIATION OF PROFESSIONAL PROCESS SERVERS

Return to: Gary A. Crowe, Administrator P.O. Box 4547, Portland, OR 97208 (503) 222-4180 Fax: 503-222-3950 (800) 477-8211 (US & Canada)

PRIOR TO SUBMISSION, YOU MUST READ BYLAWS

PLEASE WRITE LEGIBLY

Note: A check for \$200 must be submitted with this application (\$175 annual dues for first year plus \$25 non-refundable application fee) [see NAPPS Bylaws art. III, section 2] along with a copy of a valid driver's license. Annual dues will be refunded if application is not accepted after the mandatory 30-day screening process, which begins on the 1st day of the following month of receipt. A street address and home phone are mandatory, however, at your request they will be deleted from your listing in the membership directory.

Your Name _____ Date of Birth _____

Firm Name _____ Your Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Street Address _____ City _____ State _____ ZIP _____

Telephone _____ Daytime Office _____ Toll Free _____ Residence _____ Fax _____

Business status: Corp: _____ (Yr Incorp.) _____ Corp Subsidiary _____ DBA _____ LLC _____ Partnership _____

By what authority are you empowered to serve process? *Licensing _____ *Registration _____ Certification _____ Ct. Appointment _____ None required _____

*Number required if you are a licensed or registered process server _____

Have you ever been convicted of a felony? _____ (if yes, attach separate sheet with details) [see NAPPS Bylaws Art. III, Section 4]

Have you ever been convicted of any other crimes, excluding minor traffic violations? _____ (if yes, attach separate sheet with details)

I have been affiliated with the profession of process serving for a period of _____ Years and _____ Months

Do you conduct private investigations? _____ State/License No. _____ License not required _____

From what source did you learn of NAPPS? _____

Two Professional References: 1: _____ Phone Number: _____

2: _____ Phone Number: _____

List names of other professional associations to which you belong: _____

Please read carefully the following:

I authorize the NATIONAL ASSOCIATION OF PROFESSIONAL PROCESS SERVERS to investigate the statements made on this application and my qualifications for membership.

I understand that membership, if granted, will be in MY NAME and not in the name of any company owned by me or with which I am affiliated. I further understand that my membership cannot be transferred to another person.

I agree to abide by the NAPPS Bylaws and Code of Ethics and to all amendments thereto.

I agree to submit to binding arbitration in all disputes with NAPPS members involving fees, work performance and professional conduct in accordance with the procedures set forth in the NAPPS Bylaws.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

DATE _____

Signature of Applicant

MEMBERSHIP DIRECTORY QUESTIONNAIRE

ATTENTION: The information below **will appear in your primary listing in the Directory and on the NAPPS website.**
Make sure your information is accurate because what you put down is what gets printed. Please type or print CLEARLY

Your Name _____

Firm Name _____

Mailing Address _____ City _____ State _____ ZIP _____

Street Address (optional) _____ City _____ State _____ ZIP _____

Telephone _____
Daytime Office _____ Toll Free _____ Cell / Pager _____ Fax _____

E-mail _____ WWWeb _____

List me in the directory under the CITY of _____

Services Provided:

<input type="checkbox"/>	PS	Process Service
<input type="checkbox"/>	CF	Court Filing
<input type="checkbox"/>	CRS	Court Records Search
<input type="checkbox"/>	SP	Subpoena Preparation
<input type="checkbox"/>	PC	Photocopying
<input type="checkbox"/>	ST	Skip Trace
<input type="checkbox"/>	PI	Private Investigation [A copy of your PI license is required]

NOTE: Each state has different rules that govern advertising of licensed process servers and investigators.
Compliance with those rules is the members' responsibility.

Other Services: (list only those services for which other members would have a need)

Do you require fees in advance? (circle one) YES NO AMOUNT _____

Do you charge investigation rates (time & mileage) for process service? _____ AMOUNT _____

Counties/Areas Served (list only those areas in which you serve without charging an additional fee for forwarding papers)

Note: For a fee of **\$175.00 per listing**, members may have **ADDITIONAL LISTINGS** under other geographical locations. These listings may show address and phone number of your primary office. But only the name of a member may be shown with these listings. Payment must be received prior to publication.

Please fax an Additional Listing Request to: _____

I authorize publication of this information in the NAPPS Directory _____

If you publish a publicity brochure/fee schedule, please attach copy