

National Association Bail Enforcement Agents

Executive Director: Mel Barth
Credentials unit: (703) 534-4211



Application For Membership

Name: _____
Printed in Black or Blue Ink

Residence: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

Military Service: Branch _____ Discharge: _____ Honorable _____ Other _____ Discharge Date _____

Telephone:

Home: _____ Business: _____ Fax: _____

Pager: _____ Cellular: _____ Other: _____

CURRENT OCCUPATION: _____

Email Address: _____

Membership Criteria: 1) NABEA Course graduate, *If you do not meet the above Criteria and feel you would still qualify, Call for a case by case evaluation.*

ALL APPLICATIONS MUST SUBMIT ONE PASSPORT PHOTO (FRONTAL VIEW) WITH YOUR NAME ON THE BACK AND A COPY OF YOUR DRIVERS LICENSE. Also, for those licensed by any state for Bail Enforcement (Co, Ct, etc.) enclose copy of such license(s), as well as for firearms, handcuffing, batons, chemical weapons, etc. Note: No Tank Tops, T-shirts, Neck Jewelry, Unkempt Hair, Beard or Unshaved appearance, collars buttoned, ties straight. NO HATS! THESE ARE PROFESSIONAL CREDENTIALS

Dues: _____ New Applicant _____ Renewal: Agent number _____ (important to keep your same number)
_____ 3 Year \$250.00 _____ Foreign \$450.00

I hereby affirm that the above facts are true, and I apply for membership in the NABEA. I understand that random verification will occur and that I will abide by the Code of Ethics, and the Code of Conduct of this Association in order to retain my membership. I also note that all members are on a one year probation (12 months) from date of acceptance, and I further acknowledge that all identification Cards and Agent roster information is the property of the NABEA, Inc. and is to be returned upon request or my resignation from this Organization.

Signature: _____ Date: _____

P.O. Box 129, Falls Church, Virginia 22040-0129
Office (703) 534-4211 Fax (703) 532-6333 www.nabea.org

DOB: _____
Height: _____
Weight: _____
Hair: _____
Eyes: _____
SSN: _____