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:_____

DOB: _____

Height: _____

Weight: _____

Hair: _____

Eyes: _____

SSN:_____

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* ***PROFFESSIONAL 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 fuirther 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
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