

# 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: _____