



OCBAA

Orange County Bail Agents Association

P.O. Box 28317, Santa Ana, CA 92799-8317

2011-2012 Associate Membership Application

July 1, 2011 to June 30, 2012

Company Name: _____

Name: _____

Address: _____

City: _____ CA Zip: _____

Phone: (_____) _____

FAX: (_____) _____

E-mail: _____

License Number _____

Associate Member

\$ 50.00

As a condition of membership, I agree to the following documents adopted by the Orange County Bail Agents Association, Inc. They are available at www.OCBAA.org:

Initials

_____ "Bylaws of the Orange County Bail Agent Association, Inc."

_____ "Code of Ethics"

_____ "Member Discipline Procedure"

I verify the address and all information supplied in this application is true and correct. I will immediately notify OCBAA, Inc. of any change of address or contact information.

Executed this _____ day of _____ 2011 by

Applicant Signature: _____

Applicant Title: _____

Paid by Check # _____ Approved or Denied on _____