



**New York State
Professional Process Servers Association
P.O. Box 632
Moriches, New York 11955
Phone (888) 258-8485 Fax (877) 258-8484**

Membership Application

Check One:

Full Membership: Payment in the amount of \$75.00 must be submitted with this application (the membership fee of \$50.00 will be applied to the third and fourth quarter of this year annual dues if accepted; the additional \$25.00 goes to the non-refundable application fee).

Associate Membership: For persons whose place of business is located outside the geographical boundaries of New York State. A payment is in the amount of \$75.00 must be submitted with this application (the membership fee of \$50.00 will be applied to the third and fourth quarter of this year annual dues if accepted; the additional \$25.00 goes to the non-refundable application fee).

Remit to: NYSPPSA, P.O. Box 632, Moriches, NY 11955

Your Name _____ Date of Birth _____

Firm Name _____ Your Position _____

Street Address _____ Zip _____

Mailing Address _____ Zip _____

Telephone _____

Daytime (Office)

Toll Free

Fax

Other (Residence/Cell)

By what authority are you empowered to serve process? Licensing Registration Certification Court Appointment None Required

Has the authority to which you've been empowered to serve process ever been revoked? _____ (If yes, attach separate sheet with details)

Have you ever been convicted of a felony? _____ (If yes, attach separate sheet with details)

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

Lists names of other associations to which you belong _____

Directory Listing(s)

Check only those boxes you wish to incorporate in your listing(s)

Street Address Mailing Address Telephone: Office Fax Toll Free Other (specify) _____

Email _____

Website _____

List me in the directory under the City of _____

Services Provided:

PS Process Service CF Court Filings CRS Court Record Searches SP Subpoena Preparation ST Skip Trace PC Photocopying

PI Private Investigations Lic.No.: _____ EO - E&O Insurance Other _____

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

Additional Listings (\$50.00 per city) _____

I authorize the New York State Professional Process Service Association 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 and I authorize publication, of the information listed in the Directory Box, in the **NYSPPSA Directory**. I further understand that my membership cannot be transferred to another person. I agree to abide by the **NYSPPSA Bylaws** and **Cannons of Ethics** and to all amendments thereto. I agree to submit to binding arbitration in all disputes with NYSPPSA members involving fees, work performance and professional conduct in accordance with the procedures set forth in the **NYSPPSA Bylaws**

*****MasterCard, Visa & Am Ex Accepted-Attach information to this form*****

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

DATE _____

Signature of Applicant _____