



*Mid Atlantic Association of Professional Process Servers*

## Membership Application

### Application Information:

Please select a membership type.

Regular (Voting) - Annual dues \$111

Associate (Non-Voting) - Annual dues \$50

### Member Information:

First Name:

Last Name:

Date of Birth:

Example MM/DD/YYYY

Company:

Position:

Email Address:

### Mailing Address Information

Address:

City:

State:

Zip:

### Street Address Information

Address:

City:

State:

Zip:



Contact Information

Daytime Phone:	Cell/Pager:	Fax:
Office:	Toll Free:	Website:

Have you ever been convicted of a felony?

No      Yes

If so, please provide the details here.

Has the authority to which you have been empowered to serve process or investigation ever been revoked in the U.S.?

No      Yes

If so, please provide the details here.

I have been affiliated with the profession of process serving for a period of

      Years and       Months

Do you conduct private investigations?

No      Yes

If so, please provide the details here.



From what source did you learn of MAAPPS?

List names of other professional associations to which you belong:

Please carefully read the following:

I authorize the MID ATLANTIC ASSOCIATION OF PROFESSIONAL PROCESS SERVERS 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. I further understand that my membership cannot be transferred to another person.

I agree to abide by the MAAPPS Bylaws and Code of Ethics and to all amendments thereto.

I agree to submit to binding arbitration in all disputes with MAAPPS members involving fees, work performance and professional conduct in accordance with the procedures set forth in the MAAPPS Bylaws.

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

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Signature

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Date