



Florida Association of Professional Process Servers
P.O. Box 72
Melbourne, FL 32902-0072

Tollfree: (877) 383-2777 (321) 952-0820
Email: administrator@fapps.org Website: www.fapps.org

New Applicants published 1st day of each month

MEMBERSHIP APPLICATION/LISTING CHANGE REQUEST FORM

CONTACT INFORMATION: (Information provided will be listed on the Website and Member Directory)

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|---|
| Name: |
| Company: |
| Address: |
| City: State: Zip Code: |
| Email address: |
| Website: |
| Office #: Cell #: |
| Fax #: Residence #: |
| Tollfree #: |

Have you ever been convicted of a felony? No _____ Yes _____ (attach details)

Have you had your license or right to serve revoked in the last 5 years? No _____ Yes _____ (if yes, attach details)

SERVICES PROVIDED

| | | | |
|-------------------------|---|---|---|
| (Check all that apply): | <input type="checkbox"/> Records Search | <input type="checkbox"/> Private Investigator (FL Agency Lic #) | _____ |
| | <input type="checkbox"/> Skip Tracing | <input type="checkbox"/> Courier Service | <input type="checkbox"/> Foreclosure Sale Attendance <input type="checkbox"/> Mobile Notary |

Publications: Newsletters are published quarterly. Active and Associate Members in the U.S. have the option of receiving newsletters in the mail or by email. (International and Supporting Members receive the newsletter by email). Please indicate your preference. If no preference is marked, newsletter will be emailed. Mail _____ Email only _____

I agree to abide by the FAPPS By-Laws, Code of Ethics, and Policy and Procedures

Applicant Signature _____ Date: _____

Referred by: _____

Member Referral Program: Did a current member refer you to FAPPS? If you list the name of an Active or Associate Member they will be entitled to a \$25 discount off their renewal membership for each new Active or Associate member referred. (Not to exceed the total amount of membership on an annual basis).

Member Name:

Company:

COUNTY LISTING/CITY-ZIP CODE PAIRS

List Home County (One County included with Membership Dues):

List Additional Counties: \$20 each - (Active and Associate Applicants)

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List Additional City/Zip-Code Pairs: \$10 each - (Active and Associate Applicants)

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MEMBERSHIP AND PAYMENT

Active Member: \$150 (Florida resident, authorized to serve process within the state. Member listing including one home county. Has voting rights and may hold office).

Associate Member: \$120 (Process Servers not residing in Florida. Member listing includes one home county. Has no voting rights, may not hold office).

Supporting Member: \$30 (Individuals who wish to support FAPPS on a limited basis and stay informed of FAPPS activities. Name only member listing in the members-only section of the website. Has no voting rights, may not hold office).

Pro-Rated Dues (Active or Associate Applicants):

- Apply for membership June 1 through August 1 and pay 50% of the member dues fee. Membership expires at the end of the current year December 31. Discount does not apply to additional listings or city/zip-code pairs.
- Apply for membership September 1 through December 1, pay the full amount of dues. Membership covers the remainder of the current year and the following year.

Payment: This is a fillable form document. Save it on your computer and email to administrator@fapps.org.

Payment can be made through this link by [credit card](#) or submit application and check by mail.

Membership: Active \$150 _____ Associate \$120 _____ Supporting \$30 _____ \$ _____

Plus Additional Counties: Number: _____ @ \$20 each \$ _____

Plus Additional City/Zip-Code Pairs: Number: _____ @ \$10 each \$ _____

Total Amount Submitted: Check _____ Credit Card: _____ \$ _____