



Membership Application

Arizona Association of Certified Process Servers, Inc.
Post Office Box 14151
Tucson, AZ 85732

Membership Dues - Check One (Must be submitted with application):

One Year Membership: \$75.00

Three Year Membership: \$150.00 for 3 years (Limited Inaugural Special)

APPLICANT INFORMATION

Your Name: _____

Firm Name: _____

Your Position: _____

Street Address: _____

City, State, Zip: _____

Mailing Address **Same:**

Telephone: () _____ **Toll Free:** () _____

Fax: _____ **Cell/Other:** _____

Website: _____ **Email:** _____

Directory Listing: Check only those boxes you wish to incorporate in your website listing:

Telephone Toll Free Fax Cell Website address

List me in the directory under the city of: _____

Services Provided:

PS Process Service CF Court Filings CRS Court Record Searches ST Skip Trace
 PI Private Investigations CR Courier Service Other:

Counties Served: (List only those areas in which you serve without charging an additional fee for forwarding):

By what authority are you empowered to serve process in Arizona?

Arizona Certification Check here if you are not now expired, suspended, or revoked.

(County: _____ No.: _____ Expires: _____)

If yes to either of the following questions, please attach details on separate sheets:

Has your authority to serve process ever been suspended or revoked? YES NO

Have you ever been convicted of a felony? YES NO

I have been affiliated with the profession of process service since: _____

I authorize the Arizona Association of Certified Process Servers, Inc. (AACPS) 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 authorize publication of my information in the **AACPS Directory**. I further understand that my membership cannot be transferred to another person. I agree to abide by the **AACPS Bylaws** and **Code of Conduct and Ethics** and to all amendments thereto. I agree to submit to binding arbitration in all disputes with AACPS members involving fees, work performance and professional conduct in accordance with the procedures set forth in the **AACPS Bylaws**.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date: _____

Signature of Applicant: _____

If membership with Arizona Association of Certified Process Servers is granted, your Certificate of Membership will be sent to you in approximately two weeks.