

ARIZONA PROCESS SERVERS ASSOCIATION

P.O. Box 2233, PHOENIX, AZ 85002

(602) 476-1737

WWW.ARIZONAPROCESSSERVERS.ORG



2017 MEMBERSHIP APPLICATION/RENEWAL

Arizona Certified Process Server (Attach copy of your Arizona Process Server ID)

Associate/Out of state Process Server

Member ID Card Requested? Y N (Digital photo required)

Please list your information exactly as you want it to appear in the directory:

NEW RENEWAL
 Member since: _____
Annual Dues: \$50

NAME:			
FIRM:			
ADDRESS:			
CITY, STATE, ZIP:			
TELEPHONE(S):	OFFICE:	FAX:	
EMAIL ADDRESS:			
WEBSITE ADDRESS:			
COUNTIES/AREAS SERVICED:			
LIST IN THE ROSTER UNDER CITY OF:			
ADDITIONAL CITIES TO BE LISTED (\$15 EACH)			

<i>Services you provide (YES or NO):</i>	YES	NO
Process Server (Arizona or other state):		
ACPS Certified?		
Legal Messenger Service		
Skip Tracing		
Record Searches		
Full Investigative Services		
<i>If an Arizona Private Investigator, complete the following:</i>		
License #:	Expiration:	

MEMBER I.D. CARDS:

The Member Identification Card is a member benefit issued by APSA and is not intended to replace your Process Server identification card as required by statute. Your APSA Member Identification Card should be displayed at all APSA functions. By applying for or renewing membership, the applicant understands and agrees that the Member Identification Card is not intended to be, nor shall be used in violation of any statute or

ANNUAL DUES:	\$50.00
VOLUNTARY LEGISLATIVE FUND DONATION:	\$ _____
TOTAL ENCLOSED:	\$ _____

I hereby apply for membership (or membership renewal) in the Arizona Process Servers Association. I agree to abide by its bylaws and maintain the highest ethical standards in carrying out the duties of my profession. I authorize the Arizona Process Servers Association to investigate the statements made on this application and my qualifications for membership. I have no felony convictions and my certification (if applicable) as an Arizona Process Server is current. Membership is not transferrable. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date: _____ Signature _____

Please make check payable to APSA mail it with this completed form to the APSA address, above.