

**South Carolina Bail Agents Association  
P.O. Box 1894  
Lexington, South Carolina 29071**

PLEASE TYPE OR PRINT LEGIBLY! ANY APPLICATIONS NOT COMPLETED IN THEIR ENTIRETY WILL DELAY PROCESSING!

**APPLICATION**

**PERSONAL INFORMATION** ( ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL! )

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INIT. : \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ PO BOX: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
CELL PHONE: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ PAG ER: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SC LICENSE NUMBER: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMPLOYER PHONE: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ EMPLOYER FAX: \_\_\_\_\_  
WEB SITE ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**MEMBERSHIP CATEGORY (Please Check One)**

\_\_\_\_\_ BOND PERSON (\$75.00) \_\_\_\_\_ CHECK HERE IF ONLY UPDATING INFORMATION  
\_\_\_\_\_ ASSOCIATE MEMBER (\$100.00)  
\_\_\_\_\_ CE CLASS REGISTRATION (\$125.00)  
\_\_\_\_\_ CE CLASS ON SITE / LATE REGISTRATION (\$150.00) LATE REGISTRATION IS 7 DAYS PRIOR TO EACH CLASS

**I will be attending the CE Class scheduled \_\_\_\_\_, 20\_\_\_\_, location \_\_\_\_\_,  
South Carolina.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

PLEASE ENCLOSE BUSINESS CARD.....THANK YOU.