



**South Carolina Professional Process Servers Association**  
 P.O. Box 874  
 Charleston, SC 29402-0874

Email: info@scppsa.org  
 Website: www.scppsa.org

New Applicants published 1<sup>st</sup> day of each month

### MEMBERSHIP APPLICATION

|   |
|---|
| <b>Name:</b>  |
| <b>Company:</b>   |
| <b>Address:</b>   |
| <b>City:</b> <span style="float: right;"><b>State:</b></span> <span style="float: right;"><b>Zip Code:</b></span> |
| <b>Email address:</b>   |
| <b>Website:</b>   |

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

#### **CONTACT INFORMATION: (Info provided will be listed on web and in directory)**

|                  |                         |
|------------------|-------------------------|
| <b>Office #:</b> | <b>Cell:</b>            |
| <b>Tollfree:</b> | <b>Legal Residence:</b> |
| <b>Fax:</b>      |                         |

#### **COUNTY LISTING/ADDITIONAL SERVICES**

|   |
|---|
| <b>County</b> (list main county for directory & web listing):   |
| <b>Additional Counties</b> (\$20 each):   |
| <b>Services:</b> (check all that apply): <input type="checkbox"/> Private Investigator (PI) <input type="checkbox"/> Records Search (RS)<br><input type="checkbox"/> Skip Tracing (ST) <input type="checkbox"/> Courier Service (CS) <input type="checkbox"/> Foreclosure Sale Attendance |

#### **MEMBERSHIP AND PAYMENT: \*\*Include Membership Fee and \$20 for each additional County\*\***

|  |
|--|
| <input type="checkbox"/> <b>ACTIVE MEMBER: \$100</b> (Process Servers residing in SC, 1 free directory listing, has voting rights and may hold office)       |
| <input type="checkbox"/> <b>ASSOCIATE MEMBER: \$50</b> (Process Servers not residing in SC, 1 free directory listing, no voting rights, may not hold office) |
| <b>APPLY IN: <u>JULY, AUG, SEPT:</u> Dues prorated 50% <u>OCT to DEC:</u> Pay full amount. Covers the next years dues</b>                                    |
| Annual dues will be refunded if applicant is not accepted after the <u>mandatory 30-day screening process</u>  |

I agree to abide by the SCPPSA By-Laws and Code of Ethics

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_