



# NJPPSA Membership Form

Please fill out all information as you would like it to appear in the directory.

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

List areas/counties covered:  
\_\_\_\_\_  
\_\_\_\_\_

Other services offered (check all that apply):

- Process Service (PS)
- Photocopying (PC)
- Skip Tracing (ST)
- Subpoena Preparation (SP)
- Court Records Search (CRS)
- Private Investigation (PI)
- Court Filing (CF)

Have you ever been convicted of a crime?  Yes  No

If yes please attach separate sheet with details.

For Private Investigator: License # \_\_\_\_\_ (Please attach copy of license.)

How long have you been in business? \_\_\_\_\_

### Membership Class

- Regular (voting)*..... \$100.00  
Must be a New Jersey Process Server with a business address in New Jersey and in business at least one year.
- Associate (non-voting)*..... \$50.00  
Individuals active in process serving outside of New Jersey or individuals whose employer is an active charter member.
- Supporting (non-voting)*..... \$35.00  
Individual/Business not directly engaged in the profession of process serving.

**Application Fee**

- In addition to the membership option fee selected there will be an additional non-refundable, one time application fee **(for new members only)** ..... \$35.00

**Total Fees:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize NJPPSA 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 further understand that membership cannot be transferred to another person. I agree to abide by the NJPPSA Bylaws and the Canons of Professional and Ethical Conduct for Professional Process Servers, and to all amendments thereto. I agree to submit to binding arbitration in all disputes with NJPPSA members involving fees, work performance and professional conduct in accordance with the procedures set forth in the NJPPSA Bylaws.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

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

Date: \_\_\_\_\_

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

**Please send completed and signed application with the appropriate dues to:  
 NJPPSA c/o Ethel Smith  
 378 Taylor Mills Road  
 Englishtown, NJ 07726**

For any questions please contact Ethel Smith: 732-431-9112

*\*All personal information on this form is for the private and internal use of NJPPSA and shall not be disclosed.*