

**COMMONWEALTH OF VIRGINIA ASSOCIATION OF
PROFESSIONAL PROCESS SERVERS**

Application for General Membership

Your name: _____
Firm name: _____
Address: _____

Telephone: _____ Fax: _____
Cell phone: _____ Email: _____
Website: _____

Please complete the following:

I have been affiliated with the profession of process serving for _____ years / _____ months.
Have you ever been convicted of a felony? _____. (If yes, please attach a separate sheet with details)
See CoVAPPS Bylaws, Art III, Section 4.

Attach not less than two (2) letters of reference from anyone with knowledge of your experience in the process serving industry.

What counties or cities do you primary serve? _____

Attach payment of \$60.00 whereby \$50.00 will be for your annual dues and \$10.00 non-refundable application fee.
Annual dues will be refunded if the application is not approved by the Board. THIS FEE MUST BE ENCLOSED WITH THE APPLICATION FOR CONSIDERATION OF MEMBERSHIP.

General description for the ID card: _____

CERTIFICATION

I hereby authorize the Commonwealth of Virginia Association of Professional Process Servers (CoVAPPS) to verify the statements made on this application to determine my qualifications for membership. I understand that membership, if granted, will be in my name and not in the name of my associated firm. I further understand that my membership cannot be transferred to another individual.

I agree to abide by the CoVAPPS Bylaws and Code of Ethics and all amendments thereto. I agree to submit to binding arbitration in all disputes with CoVAPPS members involving fees, work performance, and professional conduct in accordance with the procedures set forth in CoVAPPS Bylaws and Code of Ethics.

I declare that the statements made in this application are true and correct.

Date: _____ Signature _____

MAIL YOUR COMPLETED APPLICATION AND YOUR CHECK TO: COVAPPS, ATTN. STAN HESTER, 4 NORMAN DRIVE, NORTH WING, POQUOSON, VA 23662
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FOR COVAPPS USE ONLY

Board Action:

ACCETPED _____

DENIED _____

Action date: _____