



APPLICATION FOR MEMBERSHIP

- A) Prior to submission, you must read the Bylaws.
B) A check for one fiscal year must be submitted with this application, along with the appropriate documenting that applies to your level of membership.
C) Return to application to: ILAPPS . PO BOX 9567 Springfield, IL 62791

Please mark intended membership level:

- \$150 AGENCY: Voting member, Multiple listings on www.ilapps.com.
\$75.00 INDIVIDUAL: Voting member; One listing on www.ilapps.com.
\$50 ASSOCIATE: Open to individuals and businesses who wish to support ILAPPS as a nonvoting member.
\$25 PERC: does not vote; New level as of Jun. 6, 2015.

Name Agency
Position D.O.B.
Business Address City, State, Zip
Mailing Address City, State, Zip
Contact #'s: Business Mobile
Toll-Free Fax
Status: Corp (Yr. Incorpor) Corp Subsidiary DBA LLC Partnership Solo Prop.

\* Info below is to Be completed by applicants for Agency, Individual, or PERC levels:

By what authority are you empowered to serve process in Illinois?

P.I. Court Appointment PERC Employee

Mark Box if applies and fill in license information:

- Agent-in-charge. Agency Lic. # 117-
Licensed P.I. P.I. Lic. # 115-
PERC Employee. PERC Lic # Agency Name

- Have you been convicted of a felony? \* If yes, provide details on a separate piece of paper.
How many years affiliated with the profession of the Process of Service? Yr. Mo.
How did you learn about The Illinois Association of Professional Process Servers?
Are there any other professional associations you belong to?

Please carefully read the following: I authorize the Illinois Association of Professional Process Servers to investigate statements made on this application and my qualifications for membership. I understand that membership, if granted, will be in my name and MY NAME only, not in the name of any company owned by me or with which I am affiliated.

SIGNATURE DATE

**MEMBERSHIP DIRECTORY QUESTIONNAIRE**

ATTENTION: The information below **will appear in your listing in the directory and on the ILAPPS website**. Make sure your information is accurate because what you put down is what gets printed. Please type or print CLEARLY.

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

Agency Name: \_\_\_\_\_ Agency Lic. #117- \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_  
Daytime Office \_\_\_\_\_ Toll Free \_\_\_\_\_ Cell / Pager \_\_\_\_\_ Fax \_\_\_\_\_

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

PI License #115- \_\_\_\_\_ \* PERC Reg. # \_\_\_\_\_

List me in the directory under the CITY of \_\_\_\_\_

- Services Provided:
- PS Process Service
  - CF Court Filing
  - CRS Court Records Search (A copy of your PI license is required)
  - PC Photocopying
  - ST Skip Trace (A copy of your PI license is required)
  - PI Private Investigator (A copy of your PI license is required)

Other Services: (list only those services for which other members would have a need)

**\*Note: Illinois law requires private detectives to display your license number in advertising listing. PERC Members must list their Agency's business name and license # and the business address and contact information. PERC employees cannot list personal contact information on advertising listings.**

Do you require fees in advance? (Circle one) YES  NO  Amount \_\_\_\_\_

Do you charge investigation rates (time & mileage) for process service? \_\_\_\_\_ Amount \_\_\_\_\_

Counties/Areas Served (list only those areas in which you without charging an additional fee for forwarding papers)

Note: Agency membership allows for additional listings on the website to include the counties where you currently have other geographical locations listed with the National Association of Professional Process Servers (NAPPS). Please attach a list of the addresses of other geographical locations that you also serve.

I authorize publication of this information in the ILAPPS Directory \_\_\_\_\_