

## APPLICATION FOR MEMBERSHIP INTO THE OKLAHOMA SOONER PRIVATE PROCESS SERVER ASSOCIATION, INC.

FULL NAME: (NO INITIALS)	DATE:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
HOME ADDRESS (INCLUDE COUNTY & ZIP):	
BUSINESS ADDRESS (INCLUDE COUNTY & ZIP)	
BUSINESS NAME & TELEPHONE NUMBER:	
LIST <b>(5)</b> COUNTIES IN WHICH YOU SERVE <u>OTH</u>	
	(C)
E-MAIL ADDRESS:	
	NAME ON THOSE SITES:
	NIES FOR WHICH YOU SERVE:
	SING COUNTY:
REFERRED TO ASSOCIATION BY:	
NAME, ADDRESS, COUNTY, AND TELEPHONE N YOU ARE ASSOCIATED:	IUMBER OF OTHER BUSINESSES YOU OWN OR IN WHICH
YOUR PROCESS SERVER WEB SITE:	
HAVE YOU EVER BEEN CONVICTED OF A FELO DETAILS) HAVE YOU EVER BEEN CONVICTED OF ANY O' VIOLATIONS? (IF YES, ATTACH SEPAI	RATE SHEET WITH DETAILS)

## UPON LEAVING THE ASSOCIATION:

THE LEAVING MEMBER WILL: NOT ATTEND ASSOCIATION MEETINGS; WILL CEASE REFERRING TO HIMSELF OR HERSELF AS AN ASSOCIATION MEMBER AND STOP ALL ADVERTISING OR OTHER REFERENCES TO BEING A MEMBER, EITHER VERBALLY OR WRITTEN; WILL NOT MAKE NEGATIVE COMMENTS, STATEMENTS OR ANY, AND ALL, OTHER REFERENCES, WHETHER VERBALLY OR WRITTEN, ABOUT ANY MEMBER; AND WILL NOT PARTICIPATE IN ANY OTHER ACTIVITIES THAT WOULD SHED A NEGATIVE LIGHT ON THE ASSOCIATION MEMBERS.

I AGREE TO ABIDE BY ALL PROVISIONS OF THE OKLAHOMA SOONER PRIVATE PROCESS SERVER ASSOCIATION, INC. BY-LAWS AND CODE OF ETHICS.

I UNDERSTAND ALL PROCESS SERVER LICENSES AND BONDS MUST BE CURRENT AT ALL TIMES IN ORDER TO BE AND TO REMAIN A MEMBER OF OKSPPSA, INC.

I AUTHORIZE THE OKLAHOMA SOONER PRIVATE PROCESS SERVER ASSOCIATION, INC. TO INVESTIGATE THE STATEMENTS MADE ON THIS APPLICATION AND TO INVESTIGATE MY QUALIFICATIONS FOR MEMBERSHIP.

I UNDERSTAND THAT MEMBERSHIP, IF GRANTED, WILL BE IN MY NAME AS IT IS ON MY PROCESS SERVER LICENSE AND NOT IN THE NAME OF ANY COMPANY. I FURTHER UNDERSTAND THAT MY MEMBERSHIP CANNOT BE TRANSFERRED TO ANOTHER PERSON. TWENTY-FIVE DOLLARS OF YOUR MEMBERS DUES IS NON-REFUNDABLE.

I AGREE TO SUBMIT TO BINDING ARBITRATION IN ALL DISPUTES WITH OKPPSA MEMBERS INVOLVING FEES, WORK PERFORMANCE AND PROFESSIONAL CONDUCT IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE OKSPPSA BYLAWS.

I UNDERSTAND THAT NO INFORMATION, WRITTEN OR ORAL, RECEIVED FROM OKSPPSA MEMBERS OR OKSPPSA LEADERSHIP, OR ANY CHARTS, GRAPHS, LISTS, PROCEDURES OR ANYTHING OF THAT SORT RECEIVED FROM OKSPPSA MEMBER OR LEADERSHIP, WILL BE GIVEN, TRANSMITTED, OR PRINTED WILL BE GIVEN TO ANY NON-OKSPPSA MEMBER BY AN OKSPPSA MEMBER DURING THEIR MEMBERSHIP OR AFTER THAT MEMBER'S OKSPPSA MEMBERSHIP HAS ENDED.

SIGNATURE OF APPLICANT		DATE
(OFFICE USE ONLY) APPLICATION FEE OF	PAID ON	WITH CHECK #
ASSOCIATION DUES OF	PAID ON _	WITH CHECK #
APPLICATION ACCEPTED:	REJECTED:	_ DUES RETRN: CHK# & DATE:
REASON FOR REJECTION:		

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

PLEASE SEE OUR WEB SITE AT: OKPPSA.ORG

QUESTIONS ?: CALL OR E-MAIL: ANN POLLARD---918-622-6722 OR METROPROCESS@AOL.COM

MAKE CHECK FOR \$100.00 TO: OKSPPSA.

MAIL FORM & CHECK TO:

ATTN: ANN POLLARD OKSPPSA 5103 S. SHERIDAN, #515 TULSA, OK 74145