



NATIONAL  
PUBLIC  
RECORDS  
RESEARCH  
ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Please complete the following application and mail to:

### NPRRA

2501 Aerial Center Parkway Ste. 103  
Morrisville, NC 27560  
919.459.2078 (phone) ♦ 919.459.2075 (fax)  
Email: info@nprra.org  
Web site: www.nprra.org

All or part of the information in the following sections will be used in the NPRRA Membership Directory once you are accepted as a member.  
Sections: A or B (whichever is applicable), D,E,F,G and H.

### A COMPANY INFORMATION

Name of Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

### B DBA INFORMATION *(If applicable)*

Name of Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

### C NAME UNDER WHICH MEMBERSHIP IS BEING SOUGHT

Firm Name  DBA Name

### D CONTACT INFORMATION *(Indicate the representative to whom all correspondence from NPRRA should be sent)*

Primary: \_\_\_\_\_ Title: \_\_\_\_\_  
Secondary (optional): \_\_\_\_\_ Title: \_\_\_\_\_

### E BUSINESS INFORMATION

Date Founded: \_\_\_\_\_  
Number of years experience in Public Records Research: \_\_\_\_\_  
Territory Firm covers: (States): \_\_\_\_\_  
(Countries): \_\_\_\_\_  
Referred to NPRRA by: \_\_\_\_\_

## F SERVICE INFORMATION (List the following types of services provided by your firm)

Please check below the type of membership that applies to your business:

\_\_\_\_\_ **Regular Member**, any business entity whose primary business is to provide services for the filing and retrieval of public record information maintained by governmental agencies, which includes but is not limited to Uniform Commercial Code (UCC), court records, real estate transactions or corporate documents.

UCC Filings	<input type="checkbox"/> Y <input type="checkbox"/> N	Corporate Document Preparation	<input type="checkbox"/> Y <input type="checkbox"/> N
UCC Searches	<input type="checkbox"/> Y <input type="checkbox"/> N	Incorporating Services	<input type="checkbox"/> Y <input type="checkbox"/> N
Federal Court Searches	<input type="checkbox"/> Y <input type="checkbox"/> N	Corporate Filings	<input type="checkbox"/> Y <input type="checkbox"/> N
County Court Searches	<input type="checkbox"/> Y <input type="checkbox"/> N	Corporate Document Retrieval	<input type="checkbox"/> Y <input type="checkbox"/> N
County Recorder Searches	<input type="checkbox"/> Y <input type="checkbox"/> N	Corporate Status Reports	<input type="checkbox"/> Y <input type="checkbox"/> N
Land Title Record Searches	<input type="checkbox"/> Y <input type="checkbox"/> N	Registered Agent Services	<input type="checkbox"/> Y <input type="checkbox"/> N
UCC Microfilm On site	<input type="checkbox"/> Y <input type="checkbox"/> N	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N
Online/Database On site	<input type="checkbox"/> Y <input type="checkbox"/> N		
Dept. of Motor Vehicle	<input type="checkbox"/> Y <input type="checkbox"/> N	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N

\_\_\_\_\_ **Associate Member**, any business entity whose primary business is not substantially involved directly in the business of a Regular Member, but who is indirectly related to public records information or business activities of any Regular Member.

Please list services you provide: \_\_\_\_\_  
 \_\_\_\_\_

## G NARRATIVE

In 100 words or less, provide a narrative/description of your business and services. We have a limited amount of space, so please do not exceed 100 words. The information you provide will be included in the NPRRA Newsletter.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## H AFFILIATIONS OR BRANCH OFFICES

List company name and city/state location:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

## I DUES STRUCTURE (beginning Jan. 1, 2009)

Regular Membership Dues	
Companies with 1-10 employees	\$350
Companies with 11-25 employees	\$450
Companies with 26-50 employees	\$550
Companies with 50+ employees	\$700
Associate Membership Dues	\$350
One-time Application Fee (Required )	\$100

## PAYMENT INFORMATION

Total Due: \$ \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Credit Card:    Visa    MasterCard    American Express  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date & Security Code: \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_

## J INFORMATION AND LITERATURE

Please attach descriptive literature, samples of pertinent reports, etc., and any supplemental information you feel should be added to this application.

## K SIGNATURE

The information provided in this application is true to the best of my knowledge. By affixing my signature to this application, I agree to abide by the NPRRA Code of Ethics. I further agree to conduct my business in compliance with the Federal Fair Trade Act and uphold the NPRRA Antitrust Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do not write in box below. For NPRRA use only.**

Date Mailed	Date Received	Membership Type	Signed (Membership Coordinator)
_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> Associate	_____