



Oregon Association of Process Servers Membership Application

Please note that by completing this membership application you are agreeing to allow OAPS to do a criminal history background investigation.

1. General Information:

Full Legal Name: _____

Any and all Aliases: _____

Current ODL or CDL number: _____

Gender: Female Male Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
(dd/mm/year) (city, county, state)

2. 10 Year Address History: (Most current address first. Please use a separate piece of paper for any additional addresses.)

Street	City	State	Zip
From _____	To: _____		
mm/yy	mm/yy		

Street	City	State	Zip
From _____	To: _____		
mm/yy	mm/yy		

3. Company Information:

Company Name: _____

Mailing Address: _____

Physical Address: _____

Office Phone: _____ Office Fax: _____

Cell: _____ Other: _____

Email: _____ Website: _____

Do you carry E & O Insurance? Yes No

Have you ever been convicted of a felony? Yes No
If yes, attach a page detailing the conviction.

4. Services and Counties Information:

Services Provided *no charge for service info.	<input type="checkbox"/> Process Service	PS	<input type="checkbox"/> Mobile Notary	MN
	<input type="checkbox"/> Clerk Recording	R	<input type="checkbox"/> Notary	N
	<input type="checkbox"/> Document Retrieval	DR	<input type="checkbox"/> Photocopy	CPY
	<input type="checkbox"/> Conduct Foreclosure Sales	FS	<input type="checkbox"/> Accept Credit Cards	CC
	<input type="checkbox"/> Court Record Search	CRS	<input type="checkbox"/> Skip Tracing	ST*
	<input type="checkbox"/> Carries E & O Insurance	EO	*Only applies to locating servee	
	<input type="checkbox"/> Require pre-payment	RPP	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Court Filing	CF		
PRIMARY* County (FREE)				
Additional County Listings (\$5.00 each)	<input type="checkbox"/> Baker	<input type="checkbox"/> Douglas	<input type="checkbox"/> Lake	<input type="checkbox"/> Sherman
	<input type="checkbox"/> Benton	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Lane	<input type="checkbox"/> Tillamook
	<input type="checkbox"/> Clackamas	<input type="checkbox"/> Grant	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Umatilla
	<input type="checkbox"/> Clatsop	<input type="checkbox"/> Harney	<input type="checkbox"/> Linn	<input type="checkbox"/> Union
	<input type="checkbox"/> Columbia	<input type="checkbox"/> Hood River	<input type="checkbox"/> Malheur	<input type="checkbox"/> Wallowa
	<input type="checkbox"/> Coos	<input type="checkbox"/> Jackson	<input type="checkbox"/> Morrow	<input type="checkbox"/> Wasco
	<input type="checkbox"/> Crook	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Marion	<input type="checkbox"/> Washington
	<input type="checkbox"/> Curry	<input type="checkbox"/> Josephine	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Wheeler
	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Klamath	<input type="checkbox"/> Polk	<input type="checkbox"/> Yamhill

5. Background Check Waiver

If you answer "yes" to any of the following questions and provide proof of the permit or license, OAPS may waive the background check.

Are you a current NAPPS Member? Yes No

Are you an active notary? Yes No

If yes, what is your notary number: _____

Please provide proof of your active notary status with this application.

Do you have a private investigators license, issued by the DPSST? Yes No

If yes, what is the license number: _____

Please provide a copy of the license with this application.

Do you hold a concealed handgun permit? Yes No

If yes, what is the permit number: _____

Please provide a copy of the permit with this application.

6. Annual Dues:

Regular Membership - \$150.00

Open to an individual whose business, or the business for which they work, is engaged in the private process serving business within the State of Oregon. The first county listed in the Directory is free. Additional counties are \$5.00 each. This is for individuals located in the State of Oregon.

Affiliate Membership - \$50.00

Open to an individual who is (a) associated with a Regular Member by partnership, employment or subcontracting, or (b) who is engaged in private process serving outside the State of Oregon, or (c) is engaged in business related to the process serving industry. There are no voting rights with this membership. Full Directory listings are for Section B & C. Partial listings for Section A.

Please contact me regarding advertising in the OAPS Directory and/or Newsletter.

7. Membership Dues Total:

Membership Dues	\$ _____
Extra Counties (\$5.00/each)	\$ _____
TOTAL DUE	\$ _____

Make checks payable to OAPS.

Remit to: Oregon Association of Process Servers
8630 SW Scholls Ferry Road, PMB 193
Beaverton, OR 97008-6621
Phone: 503.810.2175 • Fax: 503.626.3191
Email: administrator@oapsonline.com

I, the undersigned, authorize OAPS to investigate the statements made on this application and my qualification for membership. If I am approved for membership, I agree to abide by the OAPS Bylaws and Code of Ethics. I hereby declare the above statements are true and correct.

Signed: _____

Date: _____