

# FLORIDA CREDITORS BAR ASSOCIATION, INC. (FLCBA)

## APPLICATION FOR MEMBERSHIP

THE UNDERSIGNED hereby applies for membership of Florida Creditors Bar Association, Inc. (FLCBA)

Membership shall be based on the following criteria:

1. Each member shall a member of the Florida Bar in good standing who is engaged in the active practice of representing creditors or third-party debt collectors in the area of collection law, FDCPA or FCCPA defense or debt collection;
2. Each member must devote at least twenty-five percent of his or her legal time in the field of collections or creditor's rights law;
3. Each member must not represent consumers in claims against third party debt collectors, creditors or those engaged in the debt buyer industry.
4. Each member shall agree to abide by the FLCBA By-Laws;
5. Each member applicant needs to be sponsored by a current member in good standing with the FLCBA who has knowledge of the applicant's practice and character.

### MEMBERSHIP DUES

Dues are \$250.00\* per year per person, which shall be paid at the beginning of each year on May 1. Payment shall be applied to the calendar year in which the payment was received.

A member shall be an individual practicing attorney. If a law firm has four or more members that sign up at the same time, the dues shall be \$1000.00\* per year. These fees are subject to change. Membership can be cancelled upon written notice to FLCBA or by action of FLCBA.

**\*\$200 of the \$250 per person dues, and \$800 of the \$1000 group rate dues, will be used for lobbying purposes and is not tax deductible.**

**THE UNDERSIGNED UNDERSTANDS** that the completion of this form does not guarantee membership. By signing this application, you and your firm agree that upon membership to FLCBA, all copyrighted FLCBA materials are to be used for you or your organization's internal purposes only. FLCBA materials cannot be used for purposes other than for you or your organization's own benefit.

**THE UNDERSIGNED UNDERSTANDS** that FLCBA does not provide legal opinions and/or advice. Any support materials provided to members should not be relied upon as authority or as a substitute for legal advice. The purpose of such is for educational purposes only. You agree to hold FLCBA harmless and defend FLCBA against any action arising from your membership with FLCBA. You agree to pay all expenses, costs and attorneys fees, for any action or proceeding arising from your membership. You agree to indemnify or pay any judgment rendered against FLCBA arising out of said actions.

**THE UNDERSIGNED** acknowledges that they have read and understand all provisions of this Membership application, will comply with all terms and provisions herein and attest that they meet the qualifications for membership listed above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Sponsor:

\_\_\_\_\_  
Print Name of Sponsor

(Please continue onto the second page of the application)

**MEMBER INFORMATION:**

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

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Website: www. \_\_\_\_\_ . \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Member Information:

Legal or Social Organizations/Committees: \_\_\_\_\_

Florida Bar Membership/Committees: \_\_\_\_\_

Federal Bar Membership/Committees: \_\_\_\_\_

Local Bar Membership/Committees: \_\_\_\_\_

Relationship(s) with Judiciary or Elected Officials: \_\_\_\_\_

**FIRM INFORMATION:**

# of Attorneys: \_\_\_\_\_ # of Collectors: \_\_\_\_\_ Total # of Staff: \_\_\_\_\_

Names of Attorneys in Firm who are qualified for FLCBA membership who are not members:

Martindale-Hubbell Rating: \_\_\_\_\_ Law List Listings: \_\_\_\_\_

Geographical Areas Covered by Firm: \_\_\_\_\_

Type of Cases Accepted: (check all that apply)

( ) Installment/Loan Collections ( ) Medical Bills ( ) Child Support

( ) Credit Card Delinquencies ( ) Bankruptcy motions ( ) Foreclosures

( ) Commercial ( ) Repossessions / Replevin

( ) Other (please specify) : \_\_\_\_\_

**CONTACT BY E-MAIL/FACSIMILE**

Occasionally, FLCBA communicates with members using facsimile and e-mail transmission. Contact information provided by members is used internally only and will not be disseminated to others without your consent. By signing this application, the applicant hereby authorizes FLCBA to communicate by facsimile and e-mail.

**COMMITTEE SIGN UP**

The FLCBA has several committees made up of both board members and general members of the FLCBA. Please indicate below which committee you would be interested in joining.

\_\_\_\_\_ **Member Services-** Newsletter, membership (recruitment and reviewing), list service, local socials

\_\_\_\_\_ **Fundraising-**Raising money to pay for lobbyist, sponsorships (conference, newsletter, judicial dinners, etc.)

\_\_\_\_\_ **Conference-** Conference, speakers, materials, venue

\_\_\_\_\_ **Education-** CLE, Webinars, brief bank

\_\_\_\_\_ **Laws and Legislation-** Reviewing and responding to issues, proposed rules, Legal aid and proposed legislation

\_\_\_\_\_ **Lobbying**

**PAYMENT INFORMATION – Payment by check ONLY**

( ) I enclose a check in the amount of (\$250 / \$1000)\* payable to Florida Creditors Bar Association with this application.

**\*\$200 of the \$250 per person dues, and \$800 of the \$1000 group rate dues, will be used for lobbying purposes and is not tax deductible.**

Please return completed application to: **Florida Creditors Bar Association, Inc., P.O. Box 47718, Jacksonville, Florida 32247.**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature