

FLORIDA CREDITORS BAR ASSOCIATION, INC. (FLCBA)

APPLICATION FOR NEW MEMBERSHIP

APPLICANT INFORMATION:

Name: _____

Firm Name: _____

Address: _____

Telephone: _____ Facsimile: _____

Email: _____ Website: _____

Florida Bar Membership/Committees: _____

Federal Bar Membership/Committees: _____

Local Bar Membership/Committees: _____

Sponsor's Name: _____

FIRM INFORMATION:

No. of Attorneys: _____ No. of Collectors: _____ Total No. of Staff: _____

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

Martindale-Hubbell Rating: _____

Geographical Areas Covered by Firm: _____

Law List Listings: _____

Type of Cases Accepted: (check all that apply)

_____ Installment Loan

_____ Medical Bills

_____ Credit Card

_____ Child Support

_____ Foreclosures

_____ Bankruptcy

_____ Commercial

_____ Repossessions/Replevin

_____ Other (Please specify): _____

MEMBERSHIP QUALIFICATIONS

Membership shall be based on the following criteria:

1. Each member shall be 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 Bylaws.
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 1st. 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 \$1,000.00* per year. These fees are subject to change. Membership can be cancelled upon written notice to FLCBA or by action of FLCBA.

***\$200.00 of the \$250.000 per person dues and \$800.00 of the \$1,000.00 group rate dues will be used for lobbying purposes and is not tax deductible.**

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, and 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

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 your or your organization's internal purposes only. FLCBA materials cannot be used for purposes other than for your 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 attorney's 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 New Membership Application, will comply with all terms and provisions herein and attest that they meet the qualifications for membership listed above.

Dated: _____

Applicant's Signature

PAYMENT INFORMATION

Payment by check is preferred (please check one)

_____ I enclose a check in the amount of (\$250.00 or \$1,000.00) payable to Florida Creditors Bar Association with this application.

_____ I authorize FLCBA to charge my credit card in the amount of: ___ \$250.00 or ___ \$1,000.00.

Name on Card: _____

Card Number: _____

Card Address: _____

Card Zip Code: _____ Expiration Date: _____ CVV: _____

MasterCard _____ Visa _____ American Express _____

Signature

FLCBA will process this payment through Debski & Associates, P.A.

Please mail completed application to Florida Creditors Bar Association, Inc., P.O. Box 47718, Jacksonville, Florida 32247 or e-mail to ejbrown@bmdpl.com (If paying by credit card only).