

# MIAMI-DADE BAIL ASSOCIATION

## Membership Application

Agency Owner \_\_\_\_\_ Bail Agent \_\_\_\_\_

Full Name \_\_\_\_\_ Bail License # \_\_\_\_\_

Agency Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address: \_\_\_\_\_

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The Miami-Dade Bail Association (MDBA) may list my name and web address as a member of the MDBA on its website.

Signature \_\_\_\_\_

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Please fax your application to:

**305-381-7097**

or

Mail To:

**Miami-Dade Bail Association**

**1000 NW 14 Street**

**Miami, Florida 33136**

**THANK YOU!!!**