

## Indiana Surety Bail Agents Association, Inc. Continuing Education Class Registration

The Pre-Licensing Education and Continuing Education requirements took effect July 1, 2005 for Bail Agents and Recovery Agents. Six hours of continuing education classes are required for each two year license period. License renewals for all bail agents and recovery agents come due this fall. All licensees must submit with their license renewal application a certificate of completion for the required six hours of continuing education. See below for available course dates. Six hours of continuing education is provided free by ISBAA to each ISBAA member for each membership renewal period. Please contact ISBAA at 1-800-467-2245 with any questions or visit us on the web at [www.ISBAA.org](http://www.ISBAA.org).

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Agency Name \_\_\_\_\_ County \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( --- ) \_\_\_\_\_ Fax ( --- ) \_\_\_\_\_ Email \_\_\_\_\_  
Bail License Number \_\_\_\_\_

### Available Continuing Education Course Dates - You MUST check one

#### North

- July 30, 2009 (THURSDAY) - Ft. Wayne - 4111 Paul Shaffer Dr., Ft. Wayne, IN 46825, Holiday Inn  
Class time is 9:00 am to 4:00 pm Eastern time

**No one will be admitted after 10 minutes before the start of class**

- I am a current ISBAA Member (CE is provided free to all current members)

- I would like to become an ISBAA Member (2008 & 2009) - (Two Year Renewal)

**2008-2009 Membership Dues: \$250**

- I do not wish to be an ISBAA Member (2008 & 2009) - (cost for class would be \$375.00)

### Payment Information

FAX this form to (317) 254-1234 and mail your check or money order payable to "ISBAA" to 5153 N. Shadeland Ave., Indianapolis, IN 46226

- Sign me up to be a member of the Indiana Surety Bail Agents Association - \$250

- Sign me up for the Continuing Education Class only - \$375

Refund Policy: Membership dues are nonrefundable.

### ISBAA OFFICE USE ONLY

Date Rec \_\_\_\_\_ Ck# \_\_\_\_\_ Amt S \_\_\_\_\_ Recpt \_\_\_\_\_ Cert \_\_\_\_\_ Owes \$ \_\_\_\_\_

**ISBAA CREDIT CARD AUTHORIZATION FORM**

**Membership Type:** Individual (Voting) (\$250.00)  Supervising Agent (Voting) (\$400.00)   
(Please Check one) Associate (Non Voting) (\$50.00)  C.E Class Only (\$375.00)

**IF SIGNING UP FOR CLASSES, PLEASE ATTACH REGISTRATION FORM**

**Applicant Name(s):** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Card Type:**  Master Card  Visa

**Card Number:** \_\_\_\_\_ **Card Expiration:** \_\_\_\_\_

**Name As It Appears on Card:** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_  
City State Zip

I, \_\_\_\_\_ **authorize the Indiana Surety Bail Agents Association to charge the**  
Card Holder's Name  
**above credit card for the amount of \_\_\_\_\_ for the above purpose.**

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

**FOR QUICKER PROCESSING, PLEASE FAX FORMS TO (317) 254-1234 C/O SHELLEY**

**Please attach a photo copy of the above card for our records.**