



Mississippi Coalition of Limited Sureties LLC Membership Application

[PLEASE TYPE OR PRINT NEATLY]

<input type="checkbox"/>	New Application	<input type="checkbox"/>	Renewal Application
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Name			
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Address			
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City	State	Zip Code	
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Phone Number	Fax Number	
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Email	
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MS Department of Insurance License #	
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Company Name	
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Company Address	
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City	State	Zip Code	
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Office Number	Fax Number	
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Email	
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SELECT TYPE OF MEMBERSHIP:			
<input type="checkbox"/>	Soliciting Agent/Bail Enforcement Membership	Entitles member to 1 vote and full membership privileges	\$100
<input type="checkbox"/>	Professional Bail Agent Membership	Entitles member to name 1 voting member and up to 4 associate members (each associate member may upgrade to voting status by paying an additional \$100 during the fiscal year)	\$150
<input type="checkbox"/>	Insurance Company Membership	Entitles member to name 1 voting member and up to 2 associate members (each associate member may upgrade to voting status by paying an additional \$100 during the fiscal year)	\$500

I agree to abide by the by-laws and code of ethics of the association:

SIGNATURE _____

DATE _____