



*Association of Louisiana Bail Underwriters*

Post Office Box 272, Plaquemine, LA 70765  
(225) 685-1151 | info@albula.org | www.ALBULA.org

**MEMBERSHIP APPLICATION | PAGE 1**

**Organization Info**

Organization

Organization Address

City

State

ZIP

Parish

**Member Info**

First Name

Mid. Initial

Last Name

Suffix

Office Phone

Fax

Mobile

Title

Email for ALBU communications

Agent License #

Month/Year of Initial License

Birth Year

Social Security #

Home Address (For Legislative Affairs)

City

State

ZIP

Parish

**ALBU Voting District**

Your ALBU Voting District is based on your geographical area, which is where your address for your license to write bail is listed with the Commissioner of Insurance for the State of Louisiana. Please see the full breakdown of geographical districts (comprised of parishes) located at [www.ALBULA.org/about](http://www.ALBULA.org/about).

Voting District

**Grassroots Info**

For legislative purposes, please list below the names of your local legislators as well as your relationship:

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## MEMBERSHIP APPLICATION | PAGE 2

### Membership Selection

ALBU membership is valid for January – December of the year you join or renew. Membership dues are \$100 for Agent Class; \$5,000 for Surety Company Class; and \$100 for Special (Non-Voting) Members. Please see the full breakdown of membership types & requirements located at [www.ALBULA.org/join](http://www.ALBULA.org/join).

Membership Type

### Payment Info

Payment Type

Amount Enclosed/Authorized

Credit Card Number

Expiration Date

Security Code

Name on Card (If Different)

Billing Address (If Different)

City

State

ZIP

Parish

Payments to ALBU are not deductible as charitable contributions for federal tax purposes. However, dues payments and other fees may be deductible as ordinary and necessary business expenses. Please consult your tax professional for information.

### Pledge, Attestation & Release

I have received the Requirements for Membership ([www.ALBULA.org/join](http://www.ALBULA.org/join)), and I have reviewed & agreed to comply with all provisions of the ALBU Statement of Purpose ([www.ALBULA.org/about](http://www.ALBULA.org/about)).

Signature

Date

### Oath of ALBU Members

I do solemnly swear that I will faithfully execute the duties of a licensed Professional Bail Agent and will, to the best of my ability: preserve, protect, and defend the Constitution of the United States and this State; and, I further solemnly swear that I will follow the Code of Ethics of the Association of Louisiana Bail Underwriters, be a defender of the 5<sup>th</sup> and 8<sup>th</sup> Amendments, support my local community in its fight against crime, and never give up the chance to make sure every bond jumper is returned to court to face his community's judgment, so help me God.

Send your completed form (pages 1 & 2) to ALBU via  
email: [info@albula.org](mailto:info@albula.org) or mail: PO Box 272, Plaquemine, LA 70765.

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