

Professional Background Screening Association Membership Renewal Form – 2022



PBSA MEMBERSHIP CATEGORIES & DUES STRUCTURE

Read the following qualifications to select the membership category that the applicant company best qualifies for. If you need assistance, please contact info@thepbsa.org.

*All amounts are in US Dollars. Effective 2022 Membership Dues – all organizations should purchase 1 membership in the geographic region of their headquarters. Individuals may opt into communications or volunteer activities in other regions.

PBSA MEMBERSHIP (membership categories below are universal for all councils/geographic regions)

REGULAR MEMBER– Annual Dues are based upon the number of company employees, see below for rate. Regular Member Qualifications: Organizations who are regularly, currently and primarily* engaged in the business of background screening: (for example a consumer reporting agency (CRA) that is engaged in the business of providing employment and/or tenant background screening services directly to end-users, such as, employers or property managers). *Primarily means 50 percent or more of gross company revenue.

Regular Members may vote and hold office.

Dues are determined by the total number of company employees. Part-time employees count as one-half and do not include subcontractors or outside consultants. The total number is the actual number of employees, not just those who wish to be listed with PBSA.

- 12 or fewer – \$700
- 13 to 25 – \$1,400
- 26 to 50 – \$2,050
- 51 to 100 – \$3,700
- 101 to 500 – \$6,200
- 501 to 1000 - \$10,000
- 1,000+ - \$15,000

ASSOCIATE MEMBER

Associate Member Qualifications: Organizations who are secondarily* engaged in the business of background screening or who provide services integral to Regular members, as defined by the Board of Directors (for example, (a) A company that is a CRA with screening services that generate less than 50 percent of gross company revenue, (b) A company that is a supply chain Provider** of services and products to CRAs (consumer reporting agencies) or (c) Combination of the previous.

**Secondarily means less than 50 percent of gross company revenue.*

***Examples of associate members are entities providing services integral to CRAs such as: software, public record researchers, background screening research and data, fingerprinting and drug screening, verification services, and other supply-chain partners to CRAs.*

Associate Members may vote and hold office.

Dues are determined by the total number of company employees. Part-time employees count as one-half and do not include subcontractors or outside consultants. The total number is the actual number of employees, not just those who wish to be listed with PBSA.

- 12 or fewer – \$625
- 13 to 25 – \$750
- 26 to 50 – \$950
- 51 to 100 – \$1,200
- 101 to 500 – \$1,500
- 501 to 1000 - \$1,800
- 1,000+ - \$2,200

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Applicant certifies that its responses to the above questions, including with regard to its owners and senior executives or individuals appointed to vote or hold office are true and complete.

Applicants who have answered “yes” to one or more of the above six questions may provide or be asked to provide additional information regarding nature of the offense, time since the offense, relatedness to the screening profession and evidence of rehabilitation.

Membership Terms and Conditions:

- The Member Company and its employees agree to follow the PBSA Code of Conduct and its policies.
- The PBSA membership includes all company employees, however, does not include sub-contractors and outside consultants.
- The PBSA membership year runs from January 1 to December 31.
- To maintain membership benefits, renewal dues are payable by January 1 of each year.
- Renewal dues not pro-rated.
- Renewal dues are subject to change by approval of the Board of Directors.
- All fees are submitted in US Dollars.

Company Information

Company Trade Name or DBA, if applicable: _____

Registered/licensed name of company: _____

Primary Contact: First Name: _____ Last Name: _____ Title: _____

Email: _____ Website: _____

Telephone: _____ Fax: _____

Physical Address: _____

City: _____ ST/PRV/Region: _____ Postal Code: _____ Country: _____

Mailing Address (if different from above:) _____

Please select what region your company is **headquartered** in?

- APAC Council Canada Council Europe Council US Council Other

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MEMBERSHIP TYPE: _____ ANNUAL DUES: \$ _____ USD

Check Number: _____

Credit Card: American Express Visa MasterCard Discover Billing Postal Code: _____

Credit Card Number: _____ Exp. Date: ____/____/____ Sec. Code: _____

Name on Card: _____ Signature: _____

**Email completed form to info@thepbsa.org or fax to 1-919-459-2075
or make check (USD) payable to PBSA and mail to:
PBSA, 110 Horizon Drive, Ste. 210, Raleigh, NC 27615 US**