



NAAFA, INC. MEMBERSHIP APPLICATION

1-888-71-NAAFA

I, the undersigned, hereby apply for membership in NAAFA, Inc. (National Association of America's Finest Agents) and I certify that I will always uphold and support the mission and goals of the organization to the best of my ability.

*NAME _____ *ADDRESS _____

*CITY _____ *STATE _____ *ZIP CODE _____

*CELL _____ * OFFICE PHONE _____ FAX _____

*PERSONAL EMAIL _____

* Must fill in these spaces.

MEMBERSHIPS*:

(Circle one)

Annual Active AmFam Agent	\$276
Semi-Annual Active Agent	142
Retired &/or Indep agent Annual	132
EFT (Monthly) Active Agent	23
EFT (Monthly) Retired &/or Indep	11

DONATIONS:

NMEF (*NAAFA Member Enhancement Fund*)\$ _____
 formerly the Legal Defense Fund)
 SECA Kit (\$500 + \$276 Active Agent Dues
 if member for less than 3 years.) \$ _____

PAYMENT OPTIONS:

CHECK:

Make your check payable to NAAFA and send to:
NAAFA, Inc.
PO Box 578
Circle Pines, MN 55014

EFT:

To open an EFT account: Please enclose a check for 1 month (\$23)
Retired &/or Indep agents (\$11)

Mail to the above address.

CREDIT CARD:

Please go to www.NAAFA.com, click on JOIN NAAFA tab and pay by PayPal.

*SIGNED _____ DATE _____

(Signature of Applicant)

*Membership and contribution records are kept strictly confidential. Dues and contributions are not deductible as a charitable contribution. Annual dues may, however, be deductible as a business expense. Questions: 1-888-716-2232

[CLICK TO RETURN TO THE PAYMENT PAGE!](#)