



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 (<i>NAAFA Member Enhancement Fund</i> 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 & complete EFT Authorization Form (\$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!

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (EFT)

ACH withdrawals are regularly made around the 20th of each month.

Please attach a VOIDED check from the account you want the ACH transfer made from.

I understand that my first ACH withdrawal will begin during the succeeding month after the date on this signed authorization.

I authorize NAAFA, Inc. to electronically **debit** my account and, if necessary, to electronically **credit** my account to correct erroneous debits as follows:

Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Authorized monthly debit amount:

____ Active AmFam agent **dues \$23** ____ Retired or non-active AmFam Agent **dues \$11.**

____ Monthly **Donation** for NMEF Fund \$____ (NAAFA Member Enhancement Fund)

____ Monthly **Donation** for NDW Fund \$____ (NAAFA Database Website Fund)

TOTAL AUTHORIZED MONTHLY ACH DEBIT AMOUNT \$_____

I understand that this authorization will remain in full force and effect until I notify NAAFA in writing that I wish to revoke this authorization. I understand that NAAFA requires at least 5 days prior notice in order to cancel this authorization.

Name: _____
(Please Print)

Date: _____ Signature: _____