



MEMBERSHIP APPLICATION

Name _____ Title _____

Company _____ Designation _____

Business Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Referral/Sponsor _____

Home ZIP (for legislative purposes) _____

Region of Pennsylvania to which your membership shall be assigned: East Central West

NABIP Portion of Dues	\$370 Annual Payment	Form of Payment Enclosed
State Portion of Dues	\$80 Annual Payment	
Local Portion of Dues	\$49 Annual Payment	
Total Amount	\$499 Annually	<input type="checkbox"/> Check payable to National Association of Benefits and Insurance Professionals (NABIP)
Monthly Draft	\$41.58 per month*	<input type="checkbox"/> Bank Draft - attach voided check
		<input type="checkbox"/> Credit Card
<input type="checkbox"/> Bill \$499 annual dues due annually on anniversary date.		
<input type="checkbox"/> Bill total amount due of \$499.		
<input type="checkbox"/> Bill monthly; I (we) hereby authorize NABIP to initiate debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues.*		

Name (as it appears on the check or credit card) _____ Authorized Signature _____

Account Number _____ CID/Security Number _____ Expiration Date _____

Email application with credit card payment to: **membership@PA-NABIP.org**
Or mail application with check (**made payable to NABIP**) to:
Pennsylvania NABIP, Attn: Membership, 425 Shelbourne Lane, Phoenixville, PA 19460