



**NABIP**

# 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	\$378 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$49 Annual Payment

<b>Total Amount</b>	<b>\$507 Annually</b>
<b>Monthly Draft</b>	<b>\$42.25 per month*</b>

### Form of Payment Enclosed

- Check payable to National Association of Benefits and Insurance Professionals (NABIP)
- Bank Draft - attach voided check
- Credit Card

- Bill \$507 annual dues due annually on anniversary date.
- Bill total amount due of \$507.
- 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: **KWeinlader@PA-NABIP.org**

Or mail application with check (**made payable to NABIP**) to:

**Pennsylvania NABIP, Attn: Membership, 425 Shelbourne Lane, Phoenixville, PA 19460**

**PA-NABIP.org**