



MEMBERSHIP APPLICATION

Name _____ Title _____

Company _____ Designation _____

Business Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Referral/Sponsor _____ Home ZIP (legislative purposes) _____

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



NEW MEMBER DISCOUNT SAVE \$50 OFF YOUR FIRST YEAR OF ANNUAL DUES*

**Limited Time offer now through April 30, 2025!*

NABIP Portion of Dues	\$378 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$49 Annual Payment
Total Amount	\$507 \$457 Annually

Form of Payment Enclosed

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

Bill total amount due of \$457.

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