



# 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

**LIMITED  
TIME OFFER!**

## NEW MEMBER DISCOUNT

Join today and save **\$75 off** your first year of Annual Dues\* **PLUS** save another \$50 off registration to attend the PA-NABIP Annual Conference on April 1st! **Total Savings \$125!**

NABIP Portion of Dues	\$386 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$59 Annual Payment
<b>Total Amount</b>	<b>\$525 <del>\$450</del> First Year</b>

### 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 \$450.

*\*Limited Time offer now through April 10, 2026!*

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**

**PA-NABIP.org**