



MEMBERSHIP APPLICATION
 National Association of Professional Allstate Agents
 22 N Carroll St, Ste 300
 Madison, WI 53703
 Call Toll-Free: 877-627-2248
 Fax: 866-627-2232
 Email: ewiseman@napaainc.org | www.NAPAAUSA.org

Demographics			
Name:			
Address, city, state, zip:			
Cell Phone:		Email:	
Agent since:		DOB (MM/DD):	
<i>If you were referred by a NAPAA member let us know - we'll send them a \$15 Starbucks gift card for referring you!</i>		Referred by:	
Mentorship:	<input type="checkbox"/> I am looking for a mentor	<input type="checkbox"/> I would like to be a mentor for a new agent	<input type="checkbox"/> Not Interested

Membership Categories		
<input type="checkbox"/> Gold Membership (Agent Only):	<input type="checkbox"/> Annual - \$375	<input type="checkbox"/> EFT - \$31/month
<input type="checkbox"/> Super Supporter (Agent Only):	<input type="checkbox"/> Annual - \$475	<input type="checkbox"/> EFT - \$39/month

Action Fund Donation	<input type="checkbox"/> Amount: \$ _____	<input type="checkbox"/> EFT: \$ _____/month
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Payment Section				
<input type="checkbox"/> EFT (Monthly) - Mail, scan or fax voided check				
<input type="checkbox"/> I authorize NAPAA to make electronic withdrawals from my account in the amount stated above. Withdrawals will occur on or about the 20 th of every month. This authorization agreement is effective as of the signature date below and will remain in full force, including renewal, conversion or future changes in membership dues, until NAPAA has received notification from me of its termination. I may cancel this authorization at any time by contacting NAPAA by phone, fax, mail or email at least 10 days prior to the withdrawal date.				
<input type="checkbox"/> I have enclosed a voided check.				
<input type="checkbox"/> Check (Annual)	Please make payable to NAPAA and mail to the address above			
<input type="checkbox"/> Credit Card (Annual)				
<input type="checkbox"/> I authorize this amount to be charged to my credit card: \$ _____				
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name on Account:		Amount:		
Account Number:		Expiration:		
Billing Address, State, Zip:			Security Code:	

Authorization Signature: _____

Date: _____