



ASSOCIATE MEMBERSHIP APPLICATION

United Horace Mann Agents

an associate membership category of the
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:	

Membership Categories

Non-Voting Associate Membership: The **United Horace Mann Agents** group is a non-voting Associate Member category of the **National Association of Professional Allstate Agents (NAPAA)**. Associate Members are not eligible to serve on the NAPAA Board of Directors.

Payment Section

Check (\$295 Annual) *Please make payable to NAPAA in the amount of \$295 and mail to the address above*

Credit Card (\$295 Annual)

I authorize this amount to be charged to by credit card: \$ 295

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:	

EFT (\$25 Monthly) – Mail, scan or fax voided check

I authorize NAPAA to make electronic withdrawals from my account in the amount stated above. Withdrawals will occur on or about the 20th 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.

I have enclosed a voided check.

Authorization Signature: _____

Date: _____