



MEMBERSHIP APPLICATION
 National Association of Professional Allstate Agents
 110 Horizon Drive, Suite 210
 Raleigh, NC 27615
 Call Toll-Free: 919-573-5025
 Fax: 919-459-2075
 Email: membership@napaainc.org | www.NAPAAUSA.org

Demographics			
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Name:			
Address, city, state, zip:			
Primary 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:	



Membership Categories		
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<input type="checkbox"/> Gold Membership (EA/EFS):	<input type="checkbox"/> Annual - \$375	<input type="checkbox"/> EFT - \$31/month
<input type="checkbox"/> Super Supporter (EA/EFS):	<input type="checkbox"/> Annual - \$475	<input type="checkbox"/> EFT - \$39/month
<input type="checkbox"/> Associate Member (LSP):	<input type="checkbox"/> Annual - \$60 (Per Staff Member)	

Action Fund Donation	<input type="checkbox"/> One Time Payment: \$ _____	<input type="checkbox"/> EFT: \$ _____/month
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Payment Section	
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<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.

Authorization Signature: _____

Date: _____