



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

Demographics			
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		
<input type="checkbox"/> Gold Membership (EA/EFS): \$375 annually	<input type="checkbox"/> Associate Member (LSP): \$60 (per staff member)	<input type="checkbox"/> Agent Office / Offices (EA/EFS & staff): \$599 annually
<input type="checkbox"/> Platinum Membership (EA/EFS): \$475 annually (Includes \$100 donation to Action Fund)	<input type="checkbox"/> Retired (EA/EFS): \$99 annually	<input type="checkbox"/> Vendor Member: \$500 annually

Action Fund Donation	<input type="checkbox"/> One Time Payment: \$ _____	<input type="checkbox"/> Recurring: \$ _____/month
----------------------	---	--

Payment Section					
<input type="checkbox"/> Credit Card (Annual)		<input type="checkbox"/> I authorize this amount to be charged to my credit card: \$ _____ <u>annually</u> .			
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:		

<input type="checkbox"/> Check (Please make payable to NAPAA and mail to the address above check with this form)
<input type="checkbox"/> EFT (Monthly) must scan or mail a voided

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

Authorization Signature: _____ Date: _____
--