

NAPAA Membership Application and/or Action Fund Donation

NATIONAL ASSOCIATION OF PROFESSIONAL ALLSTATE AGENTS, INC.

P. O. Box 7666, Gulfport, MS 39506

Call Toll Free: 877.627.2248

E-Mail: HQ@napaausa.org

Fax Toll Free: 866.627.2232

Name: _____ Off Ph: _____ Fax _____

Street: _____ E-Mail: _____

City: _____ State: _____ ZIP: _____ **Is this** **Home** or **Off** Home Ph: _____

Status: Active Agent EFS Agent Staff Other (please explain) _____

Date: _____ Years with Allstate _____ **Office Zip Code** (If using home address) _____

Referred by: _____ (name of person or publication that inspired your membership)

MEMBERSHIP SECTION - (CONFIDENTIAL)

Includes:

- Free Insurance Leads from the NAPAA Website **Annual** \$350/yr
- Member-to-Member Transfer-in Referrals **EFT (PAM)** \$29/mo
- Timely Communications, including a weekly newsletter **E-chx will pay dues**
- Comprehensive Resource Center
- Resources for Buying and Selling Agencies
- Sponsorship and Support of Agent Friendly Legislation

ACTION FUND DONATION SECTION

Check or CC EFT (PAM) amount

\$ _____ or \$ _____/mo.

PAYMENT SECTION

CHECK - Annual: Please make **payable to NAPAA** and mail to the address at the top of this application.

CREDIT CARD - Annual: I authorize this amount to be charged to my credit card. (Please complete the information below)

Card type: VISA MasterCard Discover American Express

Name on account _____ Amount to be Charged: \$ _____ (Annual only)

Account Number _____ Expiration date _____ Security Code _____

Address on Card _____ Zip on Card _____

Signature of Cardholder _____ Date _____ (09/08 Web)

EFT (PAM) - Monthly (attach or fax voided check)

I understand that the amount stated above will be deducted from my checking account every month until instructed otherwise. I have enclosed a voided check and understand that the withdrawals will occur on or about the 20th of every month.

Authorization Signature: _____ Date _____

E-chx will pay my dues: I am an E-chx client processing payroll at least twice per month.

PLEASE FAX APPLICATION TOLL FREE TO: 866.627.2232
MAIL APPLICATION TO: NAPAA, P.O. Box 7666, Gulfport, MS 39506

Note: You do not have to be a member to donate to the NAPAA Action Fund