

NAPAA Membership Application and/or Action Fund Donation

National Association of Professional Allstate Agents, Inc.

P. O. Box 7666, Gulfport, MS 39506-7666

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 Office Address?

Home/Cell Phone numbers with area codes: _____ / _____

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

Date: _____ Agent since _____ (year) Office Zip Code (if using home address) _____

MEMBERSHIP SECTION – Confidential

Regular (Gold) Membership

Annual: \$350 EFT: \$29 /mo

Elite Membership (includes Producer Online Subscription)

Annual: \$475 EFT: \$39 /mo

User Name _____ Password _____ (Required to Activate Producer Online Subscription)

ACTION FUND DONATION SECTION

Check or CC

EFT 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 _____

Signature of Cardholder _____ Today's Date _____ (1-11 Website)

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 _____

PLEASE FAX APPLICATION 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