

## NASFA Membership Application

I, the undersigned, certify that I am an Independent Contractor State Farm Agent or Retired State Farm Agent.

**PLEASE PRINT CLEARLY:**

Mr./Ms.: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_

Personal/Non-State Farm Email (PREFERRED): \_\_\_\_\_

State Farm Work Email (OPTIONAL): \_\_\_\_\_

Contract Type:  AA05     AA3/4     AA97     TICA04     AA660

Check here for Anonymous Membership (not visible to NASFA members)

I am a:  New Member     Renewing Member

		<u>Annual</u>	<u>Semiannual*</u>	<u>Monthly*</u>
MEMBERSHIP (Choose One)	Regular Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$160	<input type="checkbox"/> \$30/mo
	Gold Member	<input type="checkbox"/> \$348	<input type="checkbox"/> \$184	<input type="checkbox"/> \$34/mo
	Platinum Member	<input type="checkbox"/> \$540	<input type="checkbox"/> \$280	<input type="checkbox"/> \$50/mo
	Retired Member	<input type="checkbox"/> \$126	<input type="checkbox"/> \$68	<input type="checkbox"/> \$13/mo
	Retired Gold	<input type="checkbox"/> \$150	<input type="checkbox"/> \$80	<input type="checkbox"/> \$15/mo
	Digital Subscription	<input type="checkbox"/> \$95	*12-month minimum commitment	

ENTER DISCOUNT CODE IF APPLICABLE (Discount offers, if any, not eligible for semiannual or monthly membership rates.)

RECURRING PAYMENT OPTION: *By selecting the recurring payment option, you authorize us to automatically charge the credit card provided for the plan you have selected above until otherwise notified.*

CONTRIBUTE TO THE NASFA GENERAL LEGAL FUND \$ \_\_\_\_\_  One Time Contribution  
 Recurring Contribution

Total Amount payable to NASFA \$ \_\_\_\_\_

PAYMENT INFORMATION     Visa     Mastercard     American Express     Check Enclosed  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

*By checking this box, I acknowledge that NASFA membership is non-refundable. If I am choosing a Semiannual or Monthly membership, I understand that my credit card will be charged for the remainder of a full year's membership if I cancel prior to one year. An agent's relationship with State Farm has no impact upon this agreement.*

Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Your membership dues may be deductible as an ordinary and necessary business expense but are not deductible as a charitable contribution.

How did you learn about NASFA?  Renewing Member     Needed legal services  
 From a fellow agent \_\_\_\_\_

Do you know fellow agents who might benefit from NASFA membership? (Include name and contact information)