



National Association of Insurance and Financial Advisors- Florida



# Membership Application

## Applicant Information

Membership Type (Check One):  Member  New Advisor  Retired

First Name	Middle Initial	Last Name	Suffix
Company			
Business Address	City/State	Zip Code	
Home Address	City/State	Zip Code	
Work Phone Number	Cell Phone Number	Email Address	
Designations	Birth Year		
Month/Year License Issued	State in Which Licensed	Insurance License Number	

## Payment Information

**ANNUAL MEMBERSHIP DUES**

- **Member - \$660 (\$55/month)**
- **New Advisor - \$300 (\$25/month)**  
**Offer Ends 4/30/2019**
  - New to business within last three years
- **Retired - \$390 (\$32.50/month)**
  - 65 or older
  - Member for at least 10 years
  - Self-identify as retired
  - No longer actively seeking new clients but may service existing.

Credit Card:  Monthly Draft  Full Payment  
Visa, MasterCard, American Express or Discover

Card Number	Expiration Date	CVV Code
Billing Address	City/State	Zip Code
Name on Card		

### Bank Account: Monthly Draft Only

Name of Bank
Routing Number
Account Number

**Note to Members Paying by Bank Draft or Monthly Credit Card:** NAIFA will debit/charge your account on the 5th of every month. Debits/Charges will begin the month following receipt of this application. Once you have enrolled in the bank draft/monthly credit card program, you are committed to pay full annual dues in 12 monthly payments. If you fail, for whatever reason, to complete your full membership dues obligation, you are still liable for the remaining unpaid balance.

## Sponsor Information

Please tell us who referred you to NAIFA-Florida.

Name	City/State
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**Return Completed Application To:**  
MAIL: NAIFA-FLORIDA, PO Box 14365, Tallahassee, FL 32317  
EMAIL: admin@naifa-florida.org