



National Association of Insurance and Financial Advisors- Florida

Membership Application

Applicant Information

Local Chapter: Broward Central Florida Miami-Dade Northeast Florida Palm Beaches Tampa
 At-Large (Rest of State) Ocala (Local Affiliate) North Suncoast (Local Affiliate)

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

MEMBERSHIP FEES

New to the industry

Years as an agent -- 1: \$10 mo.
Years as an agent -- 2: \$20 mo.
Years as an agent -- 3: \$30 mo.
Years as an agent -- 4: \$40 mo.
Years as an agent -- 5+: \$56 mo.

Experienced in the industry for 3 or more years, but new to NAIFA

1st year of membership: \$30 mo.
2nd year of membership: \$40 mo.
3rd year+ of membership: \$56 mo.

Credit Card: Monthly Draft Full Payment Fee Rate: \$ _____
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

MONTHLY AUTO RENEWAL PROGRAM AUTHORIZATION, TERMS & CONDITIONS: By enrolling in the monthly auto renewal program, you authorize NAIFA to charge/debit the account specified on the front of this form. The authorization shall remain in full force and effect until NAIFA has received written notification from you of its termination. Written notification must be received by NAIFA by the last business day of the month to avoid a draft/charge for the following month. Your account will be charged or debited on or about the 5th of every month beginning the month following receipt of this application. If your membership has lapsed within the last 90 days, the first debit/charge will reflect the amount due for the delinquent months. *The monthly amount includes a \$1/month transaction fee. Should a charge/debit be declined or rejected, a \$15 fee will be assessed and added to the following month's charge/debit. Should a charge/debit be declined or rejected two consecutive months or twice within a six month period, you will be removed from the monthly auto renewal program. Notification of changes to these terms and conditions or your monthly dues amount will be sent via email to the address on file. You are responsible for maintaining a valid email address on file with NAIFA. NAIFA is not responsible for the deliverability of email sent to the email address on file.

Sponsor Information

Please tell us who referred you to NAIFA-Florida.

Name City/State

Need Help Completing Your Application? Contact Diana Shipley at (850) 422-1701 ext.4

Return Completed Application To: NAIFA-Florida, PO Box 14365, Tallahassee, FL 32317 or admin@naifa-florida.org