



National Association of Insurance and Financial Advisors

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Personal Information: *(Please print or type)*

MEMBERSHIP TYPE: Active Associate Student Transfer Only

Local NAIFA Association (if known) Association Number City, State

*Year of Initial License *Date of Birth

Prefix First Name Middle, Last Name Suffix

Designations Title

Primary Company Firm/Agency Name (if applicable)

Please send all mail to my Home Address Business Address

BUSINESS INFORMATION:

Street Address 1 Business Phone

Street Address 2

City, State, Zip Cell Number

Business Email Address Primary? Yes No

HOME INFORMATION:

Street Address 1 Home Phone

Street Address 2 Cell Number

City, State, Zip Home Email Address - Primary? Yes No

REFERRED BY (PLEASE PRINT)

(must be an active NAIFA member)

Name

City

State

4 WAYS TO JOIN NAIFA

- 1. ON LINE** at www.NAIFA.org
- 2. MAIL** with payment to:
NAIFA Membership Lockbox,
P.O. Box 758658,
Baltimore, MD 21275
- 3. EMAIL** Application to
membersupport@naifa.org
- 4. FAX** Application with Credit Card
Info to 703-770-8224

OTHER:

- *Please register me for the Young Advisors Team (YAT) — for members 40 years and younger or in their first five years in the business. Birth year or license year needed.
- Please DO NOT share my contact information with NAIFA member benefit affinity providers

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

FALLS CHURCH, VIRGINIA 22042-1205 • MAIN: 703-770-8100 • FAX: 703-770-8224 • WWW.NAIFA.ORG

NON-Deductibility of Lobbying Expenses Disclosure Statement

While association dues payments may be deductible by members as an ordinary and necessary business expense, dues are not deductible as charitable contributions for federal income tax purposes. To determine the total non-deductible portion of your dues, add the NAIFA National lobbying expense (\$84.00) to your state association's lobbying expense (see table below).

	LOBBYING EXPENSES	AMSR*		LOBBYING EXPENSES	AMSR*		LOBBYING EXPENSES	AMSR*		LOBBYING EXPENSES	AMSR*
Alabama	\$93.00	\$0.00	Illinois	\$17.00	\$2.00	Montana	\$18.00	\$0.00	Puerto Rico	\$0.00	\$0.00
Alaska	\$2.00	\$0.00	Indiana	\$23.00	\$0.00	Nebraska	\$33.75	\$0.00	Rhode Island	\$13.00	\$0.00
Arizona	\$0.02	\$0.00	Iowa	\$32.00	\$0.50	Nevada	\$19.00	\$0.00	South Carolina	\$12.00	\$0.00
Arkansas	\$2.00	\$0.00	Kansas	\$25.00	\$0.00	New Hampshire	\$104.00	\$0.00	South Dakota	\$41.00	\$0.00
California	\$27.00	\$0.00	Kentucky	\$1.00	\$0.00	New Jersey	\$23.00	\$0.00	Tennessee	\$24.20	\$1.00
Colorado	\$72.00	\$0.00	Louisiana	\$0.00	\$0.00	New Mexico	\$250.00	\$0.00	Texas	\$68.00	\$0.00
Connecticut	\$73.00	\$0.00	Maine	\$150.00	\$0.00	New York State	\$50.00	\$0.00	Utah	\$12.00	\$0.00
Delaware	\$14.00	\$0.00	Maryland	\$36.00	\$0.00	North Carolina	\$24.00	\$0.00	Vermont	\$22.00	\$0.00
District of Columbia	\$0.00	\$0.00	Massachusetts	\$49.00	\$0.00	North Dakota	\$18.00	\$2.00	Virginia	\$7.00	\$1.00
Florida	\$39.14	\$0.00	Michigan	\$19.00	\$0.00	Ohio	\$24.00	\$0.00	Washington	\$47.00	\$0.00
Georgia	\$86.30	\$0.00	Minnesota	\$21.00	\$6.00	Oklahoma	\$26.00	\$0.00	West Virginia	\$22.00	\$0.00
Guam	\$50.00	\$0.00	Mississippi	\$22.00	\$0.00	Oregon	\$70.00	\$0.00	Wisconsin	\$33.20	\$0.00
Hawaii	\$50.00	\$0.00	Missouri	\$7.00	\$0.00	Pennsylvania	\$33.00	\$0.00	Wyoming	\$0.00	\$0.00
Idaho	\$14.00	\$0.00									

(Effective January 1, 2018-December 31, 2018)

PAYMENT INFORMATION

Dues Amounts (for official use only) — Local and State dues amounts **MUST** be entered and added to the NAIFA dues amount.

*Local	+	*State	+	NAIFA \$402.00	=	*Total
_____		_____		_____		_____

***REQUIRED FIELDS**

NOTICE: NAIFA is required to inform you of the cost of your state and/or national magazine subscription, which is included in your membership dues. **This amount is not deductible from your dues.** The amount of your Advisor Today subscription is \$6. The amount of your state subscription is listed in the table on the front of this application.

ANNUAL PAYMENT ONLY (Please check one)

Check VISA Mastercard American Express

Card Number	Expiration Date	Security Code
_____	_____	_____
Name on Card	Signature	Date
_____	_____	_____

AUTHORIZATION AGREEMENT FOR MONTHLY DEBIT/CREDIT CARD PAY

I hereby authorize the National Association of Insurance and Financial Advisors, hereinafter called NAIFA, to initiate debit/charges to my: (select one)

- VISA** **MasterCard** **AMEX** (Discover not accepted at this time).
- Checking Acct.** **Savings Acct.** at the depository financial institution named below hereinafter called DEPOSITORY, and to debit the same to such account.

*Please include a voided check with your application.

This authorization is to remain in full force and effect until NAIFA has received written notification from me (the participant) 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.

Bank Name/Credit Card Name _____

Bank Routing Number (ABA #)/Bank Account Number _____

Credit Card Number _____ Expiration Date _____ Security Code _____

Account Holder's Name _____

Signature _____ Date _____

Note: All written debit/charge authorizations must provide that the member may revoke the authorization only by notifying NAIFA in the manner specified in the authorization.

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. You will be notified in advance of any adjustments in your monthly debit/charge, resulting from any dues adjustments. There is a \$1.00 per month transaction fee, which is added to the monthly debit/charge amount. If your membership is being reinstated after a lapse, the first debit/charge will reflect the amount due for the delinquent months. **If the participant has insufficient funds in his/her account to cover the monthly draft, NAIFA will charge a \$15.00 fee on the next monthly debit.** If the insufficient fund status occurs for a second consecutive month or twice within six months, the participant will be removed from the program and all benefits will be terminated. The member will not be eligible to receive benefits again until his/her account is brought current. 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.

MEMBERSHIP AGREEMENT

I agree to abide by the association bylaws and NAIFA's Code of Ethics (see below) and certify that:

- a. I have not been accused in writing nor been found in violation of the code of ethics of any professional organization of which I am a member. A state or federal licensing or regulatory body has not censured, fined or reprimanded me, or revoked or suspended my investment advisor, securities, or insurance license(s). I am not a defendant in a criminal action. If a criminal judgment has been entered against me in the past, it has been disclosed to NAIFA and its predecessors.
- b. I agree that neither the Association nor its individual members, officers, directors, agents or employees shall be liable to me, individually or jointly, if this application for membership is rejected or for the consequences of any disciplinary action which may be sought or taken against me under the local Association's bylaws or Amendments thereto or any disciplinary or penal action which may be sought or taken against me under the laws of this or any other state or jurisdiction, or for any statement which the Local Association or any of said individuals may issue relative to any such action; provided, for its or their gross negligence or willful misconduct.
- c. I understand and agree that my application for membership will be declined if it does not obtain a majority vote of the Board of Directors, or in the opinion of the Board of Directors, I am or will be unable or unwilling to conform to any of the foregoing requirements.

OR (check if any statements apply):

- I have been accused in writing or been found in violation of the rules or code of ethics of a professional organization of which I am a member. A state or federal licensing or regulatory body has censured, fined or reprimanded me, or revoked or suspended my investment advisor, securities or insurance license(s).
- I am a defendant in a pending criminal action or a criminal judgment has been imposed against me that has not been disclosed to NAIFA or its predecessors. I will attach complete details with this application. I understand that a finding of such violation may create a presumption that I have violated NAIFA's Code of Ethics.

Signature _____ Date _____