



# GROW Your Business

## Monthly Credit Card Membership Application

### SECTION A: Applicant Information

**Personal Information, Please Print or Type**

**Membership Type:**  Active  Associate  Student Associate  Transfer Only

Local NAIFA Association (if known)	Association Number	City, State
*Year of Initial Insurance Producer License		*Date of Birth
Prefix	First, Middle, Last Name	Suffix
Designations	Title	
Primary Company	Firm/Agency Name (if applicable)	

**Business Information:** Address for Credit Card:  Home Address  Business Address

Street Address 1	Business Phone
Street Address 2	Business Fax
City, State, Zip	Toll-Free Number
Business Email Address	Primary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Web Address	

**Home Information:**

Street Address 1	Home Phone
Street Address 2	Home Fax
City, State, Zip	Home Email Address
Primary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other:**

Producer Type:  Independent Agent  Multiline Agent  
 General Agent/Manager  Career Agent  
 Home Service  Bank Agent  Broker  
 Other \_\_\_\_\_

Please DO NOT send me promotional faxes  
 \*Please register me for the Young Advisors Team (YAT) — for members 40 years and younger or in their first five years in the business.

Please send all email to my:  Home Email  Business Email

Please DO NOT share my contact information with NAIFA member benefit affinity providers.

**Referred by (please print)**  
(must be an active NAIFA member)

Name
City
State

### SECTION B: Applicant Profile

**1. Which of the following best describes the primary focus of your practice? (please choose one)**

- Life Insurance and Annuities
- Health Insurance and Employee Benefits
- Multiline
- Financial Advising and Investments

**2. Years in the Business** \_\_\_\_\_

**3. Association Memberships and Other Affiliations**

- Society of Financial Services Professionals (SFPSP)
- GAMA International
- Association of Health Insurance Advisors (AHIA)
- Association for Advanced Life Underwriting (AALU)
- Million Dollar Roundtable (MDRT)
- Financial Planning Association (FPA)
- American Institute of Certified Public Accountants (AICPA)
- Other \_\_\_\_\_

**4. Products Recommended to Clients (choose as many as apply)**

- Term life
- Long-term care
- Disability
- Fixed annuities
- Whole life
- Universal life
- Variable life
- Individual health
- Group health
- Load mutual funds
- Other \_\_\_\_\_

**5. Your Position**

- Owner/Partner
- Agency Manager/General Agent
- Employee/Agent
- Independent Contractor
- Other \_\_\_\_\_

## 3 Ways to Join NAIFA

- 1. FAX** Application with Credit Card Info To 877/508-9842.
- 2. ONLINE** at [www.naifa.org](http://www.naifa.org)
- 3. MAIL** with payment to: NAIFA Membership Lockbox, P.O. Box 758658, Baltimore, MD 21275

National Association of Insurance and Financial Advisors • Falls Church, Virginia 22042-1205 • Main: 877/TO-NAIFA • Fax: 877/508-9842 • [www.naifa.org](http://www.naifa.org)

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Please Detach Before Returning

### 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 (\$33.00)** to your state association's lobbying expense (see table below).

	Lobbying Expenses	AMSR*		Lobbying Expenses	AMSR*		Lobbying Expenses	AMSR*		Lobbying Expenses	AMSR*
Alabama	\$ 3.57	\$ 5.00	Illinois	\$ 9.49	\$ 2.00	Montana	\$32.00	\$ 0.00	Puerto Rico	\$ 0.00	\$ 0.00
Alaska	4.00	0.00	Indiana	10.35	0.00	Nebraska	12.35	0.00	Rhode Island	4.17	0.00
Arizona	2.00	0.00	Iowa	26.90	.50	Nevada	18.22	0.00	South Carolina	9.00	3.00
Arkansas	2.58	0.00	Kansas	26.00	0.00	New Hampshire	85.45	0.00	South Dakota	24.62	0.00
California	21.25	5.00	Kentucky	2.25	0.00	New Jersey	13.65	0.00	Tennessee	14.45	2.00
Colorado	95.00	0.00	Louisiana	12.06	0.00	New Mexico	23.10	2.00	Texas	18.00	0.00
Connecticut	25.80	0.00	Maine	61.00	0.00	New York	10.88	2.00	Utah	7.70	0.00
Delaware	12.50	0.00	Maryland	25.50	0.00	North Carolina	17.90	0.00	Vermont	0.00	0.00
District of Columbia	0.00	0.00	Massachusetts	29.90	0.00	North Dakota	8.85	2.00	Virginia	11.28	1.00
Florida	23.69	0.00	Michigan	8.26	0.00	Ohio	23.00	0.00	Washington	31.60	0.00
Georgia	6.80	0.00	Minnesota	22.80	0.00	Oklahoma	27.63	2.00	West Virginia	8.61	0.00
Guam	49.60	0.00	Mississippi	9.60	1.75	Oregon	22.01	10.00	Wisconsin	6.30	0.00
Hawaii	28.80	0.00	Missouri	5.10	3.00	Pennsylvania	22.60	0.00	Wyoming	11.20	0.00
Idaho	15.00	0.00									

\* Annual Magazine Subscription Rate

(Effective September 1, 2007-August 31, 2008)

## SECTION C: 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	=	*Total
		<b>\$190.00</b>		
<b>* REQUIRED FIELDS</b>				
<input type="checkbox"/> <b>Check here to join the Association of Health Insurance Advisors (AHIA), include an additional \$115.00</b> ..... For more information on AHIA, visit <a href="http://www.ahia.net">www.ahia.net</a>				
<b>GRAND TOTAL</b> .....				

**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 \$7. The amount of your state subscription is listed in the table on the front of this application.

### Authorization Agreement for Monthly Credit Card Payments

I hereby authorize the National Association of Insurance and Financial Advisors, hereinafter called NAIFA, to initiate monthly credit charges to my credit card identified below to charge NAIFA federation dues, and related charges, prorated on a monthly basis, to such card.

Visa     MasterCard

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

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 charge for the following month.

**Note: I agree to notify NAIFA of any change in the credit card information given above.**

**Note to Members Paying by Credit Card:** NAIFA will charge your card on the 5th of every month. Monthly charges will begin the month following receipt of this application. You will be notified in advance of any adjustments in your monthly charge, resulting from any dues adjustments. There is a \$.50 per month transaction fee, which is added to the monthly charge amount. If your membership is being reinstated after a lapse, the first credit will reflect the amount due for the delinquent months. **If the participant has insufficient funds in his/her account to cover the monthly charge, NAIFA will charge a \$15.00 fee on the next monthly charge.** 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 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.

## SECTION D: Membership Agreement

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

- 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.
- 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.
- 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.

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Detach Before Returning

## NAIFA Code of Ethics

**Preamble:** Those engaged in offering insurance and other related financial services occupy the unique position of liaison between the purchasers and the suppliers of insurance and closely related financial products. Inherent in this role is the combination of professional duty to the client and to the company as well. Ethical balance is required to avoid any conflict between these two obligations. Therefore,

### I Believe It To Be My Responsibility

- To** hold my profession in high esteem and strive to enhance its prestige.
- To** fulfill the needs of my clients to the best of my ability.
- To** maintain my clients' confidences.
- To** render exemplary service to my clients and their beneficiaries.
- To** adhere to professional standards of conduct in helping my clients to protect insurable obligations and attain their financial security objectives.
- To** present accurately and honestly all facts essential to my clients' decisions.

- To** perfect my skills and increase my knowledge through continuing education.
- To** conduct my business in such a way that my example might help raise the professional standards of those in my profession.
- To** keep informed with respect to applicable laws and regulations and to observe them in the practice of my profession.
- To** cooperate with others whose services are constructively related to meeting the needs of my clients.