



Membership



ADVOCATE. EDUCATE. DIFFERENTIATE.

Carina Hatfield, LUTCF, CLCS, LACP
Pottstown, Pennsylvania
LOYAL MEMBER SINCE 2005

BELONG TO YOUR Professional Association

Belonging to your professional association sets you apart from the competition by ascribing to a Code of Ethics, voluntarily investing & participating in a performance-driven networking group, and serving your industry through advocacy and community service.

NAIFA offers a business-friendly membership fee model based on your industry experience.

Year 1	Year 2	Year 3	Year 4	Year 5+
\$10/month	\$20/month	\$30/month	\$40/month	\$56/month

Your fee is based on the number of years in the industry as a producer. One fee provides you membership at the local or affiliate level, state level and national association. Take advantage of programs & networking at all three levels for one fee.

Additionally, if you have 3+ years as a producer, you can take advantage of our introductory rate of \$30/month for the first year. Your fees will then graduate up in subsequent years.

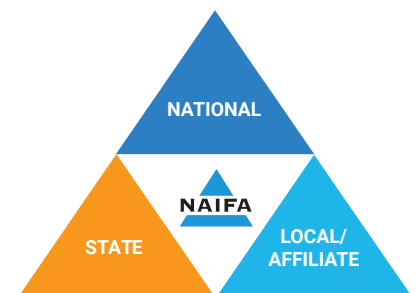
QUICK FACTS

One fee covers membership at the local, state and national levels

Opportunities to meet & represent NAIFA with your state & federal policymakers with full training provided

Listed & promoted to consumers with opportunities to be profiled direct to consumers

Opportunities to speak, write & volunteer at the local, state & national levels



www.naifa.org/join

NATIONAL ASSOCIATION OF INSURANCE
AND FINANCIAL ADVISORS
2901 Telestar Ct. Falls Church, VA 22042
Phone: 877-866-2432
Email: recruitment@naifa.org



Advocate.
Educate.
Differentiate.

LEARN MORE

Application Form for New or Reinstated Members

**JOIN ONLINE AT WWW.NAIFA.ORG OR COMPLETE &
RETURN THIS FORM TO
NAIFA-NEBRASKA - PO BOX 24133, OMAHA, NE 68124.
Or fax to 877-355-9226 or e-mail to Exec VP Joe Pittman at
jpittman@cam-omaha.com**

Name: _____

Company: _____

Address: _____

Work Phone: _____ Cell Phone: _____

E-mail address: _____

Referred by: _____

Month & Year You Started in the Industry _____

Date of Birth _____

Payment Info Please complete EFT or Credit Card Info Below

(see other side for info on dues amounts)

EFT Information:

Bank Name: _____

Routing Number: _____ Account Number: _____

Credit Card Information:

Name on Card: _____

Cardholder Billing Address: _____

AMEX, MasterCard or VISA #: _____

Expiration Date: _____ CVV: _____