



MEMBERSHIP APPLICATION

Name _____ Title _____

Company _____ Designation _____

Business Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Referral/Sponsor _____

Home ZIP Code (for legislative purposes) _____ Local Association _____ GPAHU

NABIP Portion of Dues	\$362 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$49 Annual Payment

Total Amount **\$491 Annually**
Monthly Draft **\$40.92 per month***

Form of Payment Enclosed

- Check payable to National Association of Benefits and Insurance Professionals (NABIP)
- Bank Draft - attach voided check
- Credit Card

- Bill \$491 annual dues due annually on anniversary date.
- Bill total amount due of \$491.
- Bill monthly; I (we) hereby authorize NABIP to initiate debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues.*

Name (as it appears on the check or credit card) Authorized Signature

Account Number CID/Security Number Expiration Date

Email application with credit card payment to: **kwmardis@gpahu.net**
 Or mail application with check (**made payable to NABIP**) to:
GPAHU, Attn: Membership, 425 Shelbourne Lane, Phoenixville, PA 19460