

NAAFA, INC. MEMBERSHIP APPLICATION

Name _____ Office Phone: _____
Address _____ Cell Phone: _____
City _____ State _____ Zip _____ Personal Email _____
Office Fax _____ Signature _____
Date _____

MEMBERSHIPS*: Annual Active Am Fam Agent	\$264	ACP Annual	\$132
(Circle one) Semi-Annual Active Agent	142	ACP Semi-Ann	70
EFT (Monthly) Active Agent	22	ACP (monthly)	11
Non-AmFam Agent Annual	120		

DONATIONS: NMEF Fund \$ _____
SECA Kit (\$500) \$ _____

PAYMENT OPTIONS:

CHECK: Make your check payable to : NAAFA, INC.
Mail to: PO Box 578
Circle Pines, MN 55014

EFT: AmFam Agents send check for \$22, ACP Agents send \$11 to above address.

CREDIT CARD: Go to www.NAAFA.com , click JOIN NAAFA tab & pay by PayPal.

*Membership and donation records are strictly confidential. Dues and donations are not deductible as a charitable contribution. Annual dues may, however, be deductible as a business expense. Questions: Call 800-567-9668

[CLICK TO RETURN TO THE PAYMENT PAGE!](#)