



NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

(Please print or type)

MEMBERSHIP TYPE: Full Voting Member Associate Voting Member

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

DUES AMOUNT

Dues Amounts are \$55/month or \$660/year (select one)

Pay Monthly at \$55/month*

Pay Annually at \$660/year

SUBSCRIPTION 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 following states have reported subscription costs for their publications: Iowa: \$.50; Tennessee: \$1; and Virginia: \$1.

ANNUAL PAYMENT OPTION

Please check one: Check # _____ (made payable to NAIFA) 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.

Bank Name/Credit Card Name

Bank Routing Number (ABA #)/Bank Account Number

Credit Card Number Expiration Date Security Code

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.

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.

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

Name

City

State

Young Advisor Group

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.

Submit Your Application

- 1. ONLINE** 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

MONTHLY AUTO RENEWAL PROGRAM AUTHORIZATION, TERMS & CONDITIONS: By enrolling in the monthly auto renewal program, you authorize NAIFA to charge/debit the account specified on the front of this form. The authorization shall remain in full force and effect until NAIFA has received written notification from you 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. Your account will be charged or debited on or about the 5th of every month beginning the month following receipt of this application. If your membership has lapsed within the last 90 days, the first debit/charge will reflect the amount due for the delinquent months. *The monthly amount includes a \$1/month transaction fee. Should a charge/debit be declined or rejected, a \$15 fee will be assessed and added to the following month's charge/debit. Should a charge/debit be declined or rejected two consecutive months or twice within a six month period, you will be removed from the monthly auto renewal program. Notification of changes to these terms and conditions or your monthly dues amount will be sent via email to the address on file. You are responsible for maintaining a valid email address on file with NAIFA. NAIFA is not responsible for the deliverability of email sent to the email address on file.

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 for the period of January 1, 2019 - December 31, 2019, add the NAIFA National lobbying expense (\$106) to your state association's lobbying expense. (see table below)

LOBBYING EXPENSES	LOBBYING EXPENSES	LOBBYING EXPENSES	LOBBYING EXPENSES
Alabama \$0	Illinois \$17	Montana \$18	Puerto Rico \$0
Alaska \$2	Indiana \$26	Nebraska \$34	Rhode Island \$15
Arizona \$27	Iowa \$25	Nevada \$19	South Carolina \$0
Arkansas \$2	Kansas \$45	New Hampshire \$104	South Dakota \$41
California \$33	Kentucky \$1	New Jersey \$39	Tennessee \$25
Colorado \$72	Louisiana \$20	New Mexico \$5	Texas \$7
Connecticut \$50	Maine \$84	New York State \$50	Utah \$12
Delaware \$30	Maryland \$36	North Carolina \$24	Vermont \$22
District of Columbia \$21	Massachusetts \$39	North Dakota \$18	Virginia \$7
Florida \$40	Michigan \$19	Ohio \$24	Washington \$47
Georgia \$85	Minnesota \$9	Oklahoma \$32	West Virginia \$0
Guam \$50	Mississippi \$22	Oregon \$70	Wisconsin \$46
Hawaii \$30	Missouri \$7	Pennsylvania \$36	Wyoming \$0
Idaho \$14			

(Effective January 1, 2019-December 31, 2019)

MEMBERSHIP AGREEMENT

As a member, you agree to abide by the association bylaws and NAIFA's Code of Ethics (see below), and you authorize NAIFA to contact you by mail, phone, fax, email or text message using the contact information provided by you on the front of this form. You understand that NAIFA may share your contact information with member benefit affinity providers unless you opt out.

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

NAIFA CODE OF ETHICS: PREAMBLE: Helping my clients protect their assets and establish financial security, independence and economic freedom for themselves and those they care about is a noble endeavor and deserves my promise to support high standards of integrity, trust and professionalism throughout my career as an insurance and financial professional. With these principles as a foundation, I freely accept the following obligations:

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.

TO READ NAIFA'S CODE OF ETHICS, VISIT WWW.NAIFA.ORG/ABOUT-NAIFA/CODE-OF-ETHICS

Signature

Date