



NABIP Membership Application

First Name _____ Last Name _____ Designation _____

Chapter **OKCITY** Company _____

Title _____ Referral Sponsor _____

Birthdate _____ Gender _____

Mailing Street Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Work E-mail _____ Home E-mail _____

Home Address (for legislative purposes) _____

City _____ State _____ Zip _____

OKCITY Chapter Dues:	\$ 55.00
State Dues:	\$ 70.00
NABIP Dues:	\$ 386.00
Total Annual Dues:	\$ 511.00

Payment Schedule:

Annual Debit (payable by checking account or credit card) **\$511.00**

Recurring Monthly Debit (payable by checking account or credit card)

\$42.58

Form of Payment:

Check Checking **Account Credit Card:** American Express Discover Mastercard Visa

Amount: _____

Bank Draft or Credit Card Authorization Form

I (we) hereby authorize NABIP to initiate debit entries to my (our) account as indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues. At the end of the membership period, the account will be charged automatically for the next membership period. (Please include a voided check from the account to be drafted or write credit card number below.)

Name (as it appears on check/card) _____ Signature _____

Account Number _____ CVV _____ Expiration _____

Please mark the box or boxes for the areas of your practice:

- Long-Term Care
- Large Group
- Medicare
- Disability
- Small Group
- Dental
- Managed Care
- Worksite Marketing
- Retirement
- TPA
- Individual Plans
- Self-Insured

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