

MEMBERSHIP APPLICATION



Over 1,000 Members Strong!

Name _____

Agency Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

Agent Number _____

District/Agency _____

Career Agent Date _____

Dues Schedule (please check one)

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Arizona ... \$225* | <input type="checkbox"/> Idaho ... \$100 |
| <input type="checkbox"/> Iowa ... \$225* | <input type="checkbox"/> North Dakota ... \$100 |
| <input type="checkbox"/> Kansas ... \$225* | <input type="checkbox"/> Oklahoma ... \$100* |
| <input type="checkbox"/> Minnesota ... \$225* | <input type="checkbox"/> Wisconsin ... \$100* |
| <input type="checkbox"/> Nebraska ... \$225* | |
| <input type="checkbox"/> New Mexico ... \$225* | |
| <input type="checkbox"/> South Dakota .. \$225* | |
| <input type="checkbox"/> Utah ... \$225* | |

I am a new agent, formerly a reserve agent, and have been contracted with FBFS for less than three months and would like to take advantage of the three-month free membership. After which time, my dues will be commission-deducted at a prorated amount for the rest of the year. If I do not wish to continue my membership, I must contact The Agents Association regional office to cancel before the three months expire.

Signature _____ Date _____

Information provided on this form will be used for Association purposes only.

* By signing this form, I am authorizing The Agents Association to commission-deduct my regional (and state, if applicable) dues for the current year and every subsequent year I am a member.

By signing this form, I hereby authorize to be automatically enrolled in the Long Term Disability Plan.

No, I do not wish to participate, and I decline all LTD coverage. I understand this is my one-time opportunity to enroll without having to go through underwriting and it will be subject to evidence of insurability at my expense if I elect this coverage in the future.

I understand that by providing the fax number(s), e-mail address(es) and phone number(s) listed on this page, on behalf of the company or organization specified above, I am authorized to and hereby provide consent for the company/organization to receive faxes, e-mails and phone calls sent by or on behalf of The Agents Association.

Please email or mail your form to ►►►

THE AGENTS ASSOCIATION

Info@agentsassociation.org

P.O. Box 3036

Lawrence, KS 66046

785-333-9505

www.AgentsAssociation.org