Tulsa Chapter NABIP

NABIP Membership Application

First Name _____ Last Name _____ Designation _____

Chapter **OKTULSA** 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 _____

OKTulsa Chapter Dues:	**$ 40.00**
State Dues:	**$ 70.00**
NABIP Dues:	**$ 386.00**
Total Annual Dues:	**$ 496.00**

Payment Schedule:

☐ Annual Debit (payable by checking account or credit card) **$496.00**

☐ Recurring Monthly Debit (payable by checking account or credit card) **$41.33**

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

Mail to: NABIP
999 E Street NW, Suite 400
Washington, DC 20004
Fax to: 202-747-6882

Consider donating to NABIP PAC
Please mail to: 999 E Street NW, Suite 400
Washington, DC 20004
Or donate online at: www.nabippac.org

Consider donating to OHUPAC
C/O Diane Barton- Lewis
PO Box 12146
Oklahoma City, OK 73157-2146
Or email: diane_barton@ajg.com