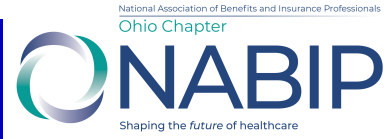


# MEMBERSHIP APPLICATION

## JOIN NABIP OHIO CHAPTER THE PREMIER ASSOCIATION FOR HEALTH BENEFITS PROFESSIONALS



LAST NAME	FIRST NAME	MIDDLE	DESIGNATIONS
COMPANY	TITLE		
BUSINESS ADDRESS		CITY,	STATE, ZIP
PHONE	FAX	EMAIL	
HOME ADDRESS		CITY,	STATE, ZIP
HOME PHONE		HOME EMAIL	

REFERRAL/SPONSOR

### DUES & PAYMENT METHOD

Local Chapter Dues	Annual Payment	Monthly Bank Draft
<input type="checkbox"/> Cincinnati	\$ 465.00	\$ 38.75/ mo
<input type="checkbox"/> Columbus	\$ 455.00	\$ 37.92/ mo
<input type="checkbox"/> Northeast	\$ 495.00	\$ 41.25/ mo
<input type="checkbox"/> Northwest	\$ 460.00	\$ 38.30/ mo
<input type="checkbox"/> Western Reserve	\$ 460.00	\$ 38.30/ mo

**Please choose your form of payment:**

**\*\*Pay your dues in 12 monthly installments**

- Check Attach copy of a voided check. (1/12<sup>th</sup> of total dues will be deducted each month.)
- Visa    MasterCard    AMEX   (1/12<sup>th</sup> of total dues will be deducted each month.)

**OR Pay annually:**

- Check    Visa    MasterCard    AMEX

**Bank Draft / Credit Card Authorization**

*I (we) hereby authorize NABIP to initiate debt entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state or local dues.*

NAME (as it appears on Check or Credit Card)	Signature
<input type="checkbox"/> Visa/MasterCard/AMX	
Account Number (Circle One of the Above)	Expiration Date

**Return Membership Application to Mary Ferretti**

c/o NABIP Ohio Chapter, 3053 Nationwide Parkway, Brunswick, OH 44212 or if payment by Credit Card/  
Contact: Phone (330) 273-5756; email: admin@nabipohio.org