



Pro-Client, Pro-Agent, Pro-Company, Pro-Active

2012 Membership Application

Name _____

I want to be an anonymous member

Personal (Home) Email _____ (@nationwide.com not accepted)

Mailing Address _____

City _____ State _____ Zip Code _____

Office/Home Phone _____ Fax _____

- I want to receive NIICables ONLY by my personal email
I want to receive NIICables by personal email AND by fax
I want to receive NIICables only by fax

Independent Contractor Certification—Signature Required

I certify that I am an independent contractor agent for the Nationwide Insurance Companies. (Note: Nationwide employees are ineligible for membership.)

Signature: _____

Table with 3 columns: MEMBERSHIP TYPE, Annual, EFT (Monthly). Row 1: Regular Member, \$ 264.00, \$ 22.00

Table with 3 columns: CONTRIBUTIONS, Annual, EFT (Monthly). Row 1: Legal Fund - Other Amount, \$ 180.00, \$ 15.00

- PAYMENT METHOD
Annual - Check enclosed (made payable to NIICA)
Annual - Credit Card (Check the card type)
American Express Discover MasterCard Visa

Account # _____ Exp Date _____

Billing Name _____

Billing Address _____

Billing City, State, Zip Code _____

EFT, or Electronic Funds Transfer (Attach a voided check to begin the plan and a check for the first month's total. Expect withdrawals on or about the 20th of each month)

Signature of Card Holder _____

Your membership dues may be deductible as an ordinary and necessary business expense. Your membership dues are not deductible as a charitable contribution.

Paying by credit card? Return by fax to 703-416-0014
Paying by check or EFT? Return by mail to 2001 Jefferson Davis Highway, Suite 1004, Arlington, VA 22202

For Office Use Only table with 2 columns and 10 rows: VERIFY, QB, CCard, DB, CC, Web, Fax, Card, WL