



NATIONAL ALLIANCE OF LIFE COMPANIES

*An Association of Life and Health Insurance Companies*

## APPLICATION FOR ASSOCIATE MEMBERSHIP

Please enclose a check payable to the National Alliance of Life Companies (NALC) with your application.

**ASSOCIATE MEMBER:** Associate Member shall include natural persons or other legal entities who by the nature of their work and responsibilities share the common interest of the Association.

The following company, firm or individual hereby applies for associate membership in the NALC as indicated below:

Date: \_\_\_\_\_

\_\_\_\_\_  
*Primary Contact Person*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Name of Company*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Toll-Free Phone #*

\_\_\_\_\_  
*Main or Direct Phone #*

\_\_\_\_\_  
*Fax #*

*The completion and accuracy of this form is essential, as the information listed will be reflected on the NALC mailing list. Your firm's toll free number is confidential and only accessible to the NALC staff.*

**ASSOCIATE MEMBERSHIP DUES (Indicate number of offices to receive mailings)**

\_\_\_\_\_ Individual office locations

\$ 1,500.00 per office

Amount Remitted \_\_\_\_\_

*See reverse side of this application for general mailing information.*

**GENERAL MAILINGS**

Up to five people in the primary office are eligible to receive general mailings. More than five people may receive mailings for an additional charge of \$250.00 per person. Please do not list the primary contact person as they will receive mailings automatically. List below the names and addresses of other people who are to receive mailings.

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<i>Primary Contact Person</i>		<i>Title</i>	
<i>Name of Company</i>		<i>E-mail Address</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Toll-Free Phone # (NALC staff use only)</i>	<i>Main or Direct Phone #</i>	<i>Fax #</i>	

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