



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:

<i>Contact Person</i>		<i>Title</i>	
<i>Name of Company</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone #</i>	<i>E-mail Address</i>		

*The completion and accuracy of this form is essential, as the information listed will be reflected on the NALC membership directory.*

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

\_\_\_\_\_ \$ 1,650.00 per office

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

**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.

---

<i>Contact Person</i>	<i>Title</i>		
<hr/>			
<i>Name of Company</i>			
<hr/>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			
<i>Phone #</i>	<i>E-mail Address</i>		
<hr/>			

---

<i>Contact Person</i>	<i>Title</i>		
<hr/>			
<i>Name of Company</i>			
<hr/>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			
<i>Phone #</i>	<i>E-mail Address</i>		
<hr/>			

---

<i>Contact Person</i>	<i>Title</i>		
<hr/>			
<i>Name of Company</i>			
<hr/>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			
<i>Phone #</i>	<i>E-mail Address</i>		
<hr/>			

---

<i>Contact Person</i>	<i>Title</i>		
<hr/>			
<i>Name of Company</i>			
<hr/>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			
<i>Phone #</i>	<i>E-mail Address</i>		
<hr/>			

---

<i>Contact Person</i>	<i>Title</i>		
<hr/>			
<i>Name of Company</i>			
<hr/>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			
<i>Phone #</i>	<i>E-mail Address</i>		
<hr/>			