

Gulf Coast Chapter



NABIP

Shaping the *future* of healthcare

Last Name _____ **First Name** _____ **MI** _____

Professional Designations _____ **Referred by/Sponsor** _____

Company _____ **Title** _____

Mailing Address _____

Residential Address _____

Cell _____ **Business** _____ **Fax** _____

Email Address _____

Date of Application _____

Form of Payment:

Monthly Draft (billed annually) \$49.58/month: Checking Account Credit Card

Check (payable to NABIP) \$595

Annual Credit Card \$595

Bank Draft/Credit Card Authorization Form: I hereby authorize NABIP to initiate debit entries to my account as indicated. Monthly debits will equal one-twelfth of any current national, state and local dues (Please include a voided check from the account to be drafted or write credit card number below)

Name on Account _____ **Signature** _____

Credit Card Number _____

Exp Date ___/___/___ **CVV** _____

Mail application to: NABIP Gulf Coast PO Box 3831 Sarasota FL 34230 or call Donna Blizman at 941-378-4117