



NAFEC MEMBERSHIP APPLICATION

Email completed form and FSA-444 copy to: robertwbraden@gmail.com

If you need to mail the application because of check or cash, use mailing address at bottom of page.

ENROLL ME NOW IN NAFEC!

TYPE OF MEMBERSHIP (check one)	METHOD OF CURRENT DUES PAYMENT (check one)
<input type="checkbox"/> County Committee Member (\$40/year)	<input type="checkbox"/> Check (Yearly Dues) – Payable to “NAFEC” - Please mail this form and payment to the address shown at bottom
<input type="checkbox"/> County Committee Member (Payroll Deduction / \$4 per meeting)	<input type="checkbox"/> FSA-444 Dues Withholding - Complete an FSA-444 Form and forward the original to your state office. Also, email copy of FSA-444 and this application to NAFEC:
<input type="checkbox"/> Associate Member (\$20/year)	(THIS FORM MUST BE SENT TO NAFEC IN ORDER
<input type="checkbox"/> Associate Member (Payroll Deduction / \$1 pay period)	TO BE ENROLLED IN MEMBER BENEFITS)

New Member Information:

Member Name: _____

Spouse: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ *Email: _____

Employer Name: _____

FSA County Office: _____

**NAFEC Newsletters and important announcements are sent via email to all members. If you do not have an email address or prefer to receive correspondence by mail, please mark “No Email” in the email field above.*

Member's Signature _____

Date _____

NAFEC Mailing Address:

NAFEC
% Bob Braden
24280 145th Avenue
Eldridge, IA 52748

Find us on the web at:

www.fsacountycommittees.org

June 2018 version