



NAFEC MEMBERSHIP APPLICATION (For New or Renewing Members)

Member Information

Name _____

Spouse Name _____

Address _____

Home Phone _____

City _____

Mobile Phone _____

State _____ Zip _____

Email _____

Employer _____

FSA County Office _____

Member Signature _____

Date MM / DD / YYYY

Select Your Membership Type: New Membership OR Renewal Membership

County Committee Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$50

ANNUALLY

OR

Deduct from Payroll

\$6

PER MEETING

OR

ONE-TIME PAYMENT

\$250.00



LIFETIME MEMBERSHIP

Associate Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$20

ANNUALLY

OR

Deduct from Payroll

\$1

PER PAY PERIOD

FOR PAYMENTS IN FULL OR 444 FORMS

Mail your check and completed NAFEC Membership Application to:

NAFEC
c/o Tammy Eibey
1597 220 Street
Manchester, IA 52057

Membership begins after completed application and dues are recieved and processed.

For questions concerning this application, email Tammy Eibey.

tammyeibey@gmail.com