



**NBA Membership Application**  
 The National Business Association 5151 Beltline Road Ste 1150 Dallas TX 75254  
 Toll Free: 800-456-0440 Phone: 972-458-0900 Fax: 972-960-9149

All fields denoted with an asterisk (\*) must be completed – all other fields are optional

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Gender:(check one)  
 \*Social Security#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
 Spouse Name: \_\_\_\_\_ Children Name(s): \_\_\_\_\_  
 \*Home Address: \_\_\_\_\_ \*Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 \* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell/Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Business Name: \_\_\_\_\_ \*Bus. Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Website: www. \_\_\_\_\_ Include in NBA Member Mail: \_\_\_ Yes \_\_\_ No

This application is submitted in consideration for membership in the National Business Association (NBA). I understand benefits are offered at the sole discretion of the NBA and may vary by availability, vendor, or state of residence of member. I understand that the term of my NBA membership shall be for two years and shall be terminated on the earlier of the following (the "Initial Term"): (i) that which is two (2) years from the date hereof; or (ii) the date all my insurance policies endorsed by the NBA, are cancelled or discontinued, for any reason, if I notify the NBA in writing within thirty (30) days of the last cancellation or discontinuance of my desire to cancel my NBA membership. **Unless earlier terminated, I understand that my NBA membership will automatically renew for successive one-year terms unless I give written notice in writing to the NBA of my desire to cancel my NBA membership at least thirty (30) days before the end of the Initial Term or any renewal term.** While contributions or gifts to the NBA are not tax deductible as charitable contributions for Federal Income Tax purposes, they may be tax deductible under other provisions of the Internal Revenue Service Code. NBA dues may be otherwise deductible as a business expense: if otherwise deductible, \$2.00 of your annual dues are not deductible under IRS Section 6033, because they are allocated for legislative advocacy.

Choose membership level (\*Can be sold by a licensed insurance agent only):

- Select @\$15.00 monthly  Keystone Café Basic @\$30.00 monthly  Premium 3600\* @40.00 monthly  
 Keystone Ultimate Single\* @\$65.00 monthly  Keystone Ultimate Family\* @\$75.00 monthly

Payment Type: (choose one)  Check made to NBA  Credit Card  Bank Draft  
 (bank draft and credit card payments will be charged a one-time fee of \$15.00 for stand alone memberships upon first billing only)

Credit Card Payment:  Visa  Mastercard  AMEX  Discover

Name as it appears on Credit Card: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize my credit card payments to be filled for the current membership dues, plus a one time \$15.00 set-up fee\*, then automatically billed for regular membership dues thereafter. Initial: \_\_\_\_\_

Bank Draft Only: Account Type -  Checking  Savings

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Branch: \_\_\_\_\_

ABA (numbers at bottom of check): \_\_\_\_\_ Account#: \_\_\_\_\_

I hereby authorize the National Business Association (NBA) to initiate funds transfers from the depository financial institution account indicated below and authorize my depository financial institution to honor those transfers. Automatically debit my payment on my due date. To allow us to set up the bank draft, please enclose a check for your first month's dues and a \$15.00 one-time set-up fee\* PLUS a VOIDED blank check with this application.

Initial: \_\_\_\_\_ \*Set-up fee of \$15.00 applies to purchase of a stand-alone membership only

All Applicants Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Enroller Name OR Referred By: \_\_\_\_\_ Enroller#: \_\_\_\_\_

Discount Medical Benefits are complimentary, Medical discounts are Not Insurance, and are Not Intended as a Substitute for Insurance

NBA Enroller Use Only:  
 Issue Upon Receipt  Hold For Underwriter Approval  Primary Underwriter .....  
(NBA 022007)



NBA Beneficiary Designation and  
 "Actively at Life" form

\*\*\* To be filled out for Premium 3600, Keystone Ultimate Memberships Only \*\*\*

NBA Life Insurance Benefits  
 \$5,000 - member  
 \$2,500 - spouse  
 \$1,250 - each child

Personal information of NBA member

Original date of NBA membership \_\_\_\_\_  
 Month/Day/Year

Full member name \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 Street City State Zip Code

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Date of birth \_\_\_\_\_ SS Number \_\_\_\_\_  
 Month/Day/Year

Gender \_\_\_\_ Female \_\_\_\_ Male

MEMBER'S BENEFICIARY DESIGNATION					
	First Name and Middle Initial	Last Name	Social Security Number	Relationship	Share in %
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					

The Member is the beneficiary for life coverage on a spouse and/or child(ren). Unless otherwise indicated, those named will be considered primary beneficiaries. If two or more primary beneficiaries survive the employee, the primary beneficiaries will be paid benefits in equal shares unless benefit percentages indicate otherwise. If no primary beneficiary survives the Member, contingent beneficiaries will be paid. Contingent beneficiaries will receive equal shares of the benefits payable unless otherwise indicated.

Enrollment requires that Members and their dependent(s), if any, be Actively at Life. Actively at Life means that the person is able to perform the same lifestyle functions of a person of similar age and sex who is in good health.

I certify that I am Actively at Life, as defined above  check box if true.

If applying for spouse coverage:

I certify that my spouse is Actively at Life, as defined above  check box if true.

If applying for dependent child(ren) coverage:

I certify that my child(ren) is(are) Actively at Life, as defined above  check box if true.

Date signed	Signature of Member