



NAFEC MEMBERSHIP APPLICATION

New Member Information

Name _____ Spouse Name _____

Address _____ Home Phone _____

City _____ Mobile Phone _____

State _____ Zip _____ Email _____

Employer _____ FSA County Office _____

Member Signature _____ Date ____/____/____

Select Your Membership Type

Lifetime Membership: \$200.00

County Committee Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$40

ANNUALLY

OR

Deduct from Payroll

\$4

PER MEETING

Associate Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$20

ANNUALLY

OR

Deduct from Payroll

\$1

PER PAY PERIOD

For In Full Payments

Mail your check and completed NAFEC Membership Application to:

NAFEC
c/o Joan Senter
742 Farmington Rd.
Accokeek, MD 20607

For Payroll Deduction Payments

Complete an FSA-444 form and forward the original to your state office.

Also, email a copy of your FSA-444 & your completed NAFEC Membership Application to Joan Senter.

JPSNAFEC2020@gmail.com

In order to be eligible for NAFEC Member Benefits enrollment, this completed application must be sent to NAFEC.

For questions concerning this application, email Joan Senter.

JPSNAFEC2020@gmail.com