



NAFEC MEMBERSHIP APPLICATION

Join Today

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

County Committee Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$50

ANNUALLY

OR

Deduct from Payroll

\$6

PER MEETING

OR

LIFETIME MEMBERSHIP

ONE-TIME PAYMENT

\$250.00

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 Tammy Eibey
1597 220 Street
Manchester, IA 52057

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

For questions concerning this application, email Tammy Eibey.

tammyeibey@gmail.com