



NAFEC MEMBERSHIP APPLICATION

2019

New 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

County Committee Member ☐

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$40

ANNUALLY

OR

Deduct from Payroll

\$4

PER MEETING

OR

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 Bob Braden
24280 145th Ave
Eldridge, IA 52748

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 Bob Braden.

robertwbraden@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 Bob Braden.

robertwbraden@gmail.com