NABIP Florida 2026 Membership Application

First Name _____ Last Name _____

Designation _____ Company _____

Title _____ Referral/Sponsor _____

Birthdate _____ Gender _____

Mailing Street Address _____

City _____ State _____ ZIP _____

Work Phone _____ Cell Phone _____

Work E-Mail _____

Home Street Address *(for legislative purposes)* _____

City _____ State _____ ZIP _____

Home Phone _____ Home E-mail _____

Local Association: _____

BROWARD COUNTY (FT. LAUDERDALE)	$46.16	$554.00
CAPITAL AREA (TALLAHASSEE)	$47.41	$569.00
CENTRAL FL (ORLANDO)	$49.49	$594.00
GULF COAST (SARASOTA)	$51.57	$619.00
JACKSONVILLE	$46.74	$561.00
MIAMI-DADE COUNTY	$49.49	$594.00
PALM COAST (WEST PALM BEACH)	$46.99	$564.00
SOUTHWEST FL (FT. MYERS)	$45.32	$544.00
TAMPA BAY	$46.16	$554.00

Payment Schedule:

☐ Annual Debit *(payable by checking account or credit card)*
☐ Recurring Monthly Debit *(payable by checking account or credit card)*

Form of Payment:

☐ **Check** ☐ **Checking Account** **Credit Card:** ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Amount: _____

Bank Draft or Credit Card Authorization Form

I (we) hereby authorize NABIP to initiate debit entries to my (our) account as indicated. Monthly debits will equal one-twelfth of any current applicable national, state or local dues. At the end of the membership period, the account will be charged automatically for the next membership period. *(Please include a voided check from the account to be drafted or write credit card number below.)*

Name *(as it appears on check/card)* _____ Signature _____

Account Number _____ CVV _____ Expiration _____

Please mark the box or boxes for the areas of your practice:

☐ Long-Term Care	☐ Disability	☐ Managed Care	☐ TPA
☐ Large Group	☐ Small Group	☐ Worksite Marketing	☐ Individual Plans
☐ Medicare	☐ Dental	☐ Retirement	☐ Self-Insured

Mail to: NABIP Florida
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Fax to: 407-831-2990

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