

NAPBA 2008 – 2009 Membership Payment Information

PRIMARY MEMBERSHIP DUES

(Based on number of Full-Time Equivalent Employees)

1 - 10	\$990
11-30	\$1,490
31 & up	\$1,990

Our Organization has _____ Full-Time Employees.

- Please invoice my organization for the Primary Membership
- Enclosed is my check for \$_____ made payable to:
National Association of Professional Benefit Administrators (NAPBA)
- Please charge my: VISA MasterCard
(Please circle one)

Account # _____ Exp. Date _____

Cardholders Name (print) Signature _____

Card Address _____

City _____ State _____ Zip _____

Return payment and form to:
NAPBA
4600 American Parkway, Suite 208 • Madison, WI 53718
608/241-2160 • Fax: 608/241-7790 • napba@napba.org