



Application for Membership

UFAA National Office 1919 Oxmoor Rd # 243, Birmingham, AL 35209
 Phone (314) 631-7898 Email: no@ufaa.com

APPLICANT INFORMATION

NAME:	AGENT SINCE:	AGENT CODE:
MAILING ADDRESS:		
CITY, STATE, ZIP CODE:		
OFFICE PHONE:	CELL PHONE:	
NON FARMERS EMAIL:	FARMERS EMAIL:	

TYPE OF MEMBERSHIP (Please select one)

- REGULAR MEMBERSHIP:** Farmers Insurance Agents with an in-force Agent Appointment Agreement.
 - ANNUAL: \$420
 - SEMI-ANNUAL: \$210
 - MONTHLY EFT: \$35/month. *Attach a copy of a voided check*

- AFFILIATE MEMBERSHIP:** \$100 annually
 Former Farmers Agents who **ARE** employees, agents, representatives of or hold appointments with an insurance company that offers one or more of the same lines of insurance as Farmers.

- ASSOCIATE MEMBERSHIP:** \$75 annually
 Former Farmers Agents who **ARE NOT** employees, agents, representatives of and **DO NOT** hold appointments with an insurance company that offers one or more of the same lines of insurance as Farmers.

- ADVOCATE MEMBERSHIP:** \$75 annually
 All persons who have never held an Agent Appointment Agreement with Farmers. *Membership must be approved by the Board before payment.*

Membership dues are non-refundable

PAYMENT METHOD (Please select one)

CREDIT CARD: I authorize this amount to be charged to my credit card: \$ _____

CREDIT CARD #

BILLING ADDRESS:

EXP Date:

CVV Code:

CHECK

EFT (Monthly) * I authorize UFAA to make electronic withdrawals from my account in the amount indicated.
Attach a copy of a voided check

- \$35/monthly
- \$100/annually Affiliate Member rate
- \$75/annually Associate Member rate

*Withdrawals will occur on or about the 10th of every month. This authorization agreement is effective as of the signature date on the back of this form and will remain in full force, including renewal, conversion, or future changes in membership dues, until UFAA has received notification from me of its termination by me in writing and until the national office receive such notice.

IN ADDITION TO MY DUES, I WISH TO CONTRIBUTE:

\$ _____ to the General Fund

\$ _____ to the Legal Fund

LOCAL CHAPTER SELECTION

The list of Chapter numbers is located on our webpage <https://www.ufaa.com/Contact-Us>

Please place me in Chapter _____

Please place me in National Chapter 70

Please place me in the Chapter closest to my mailing zip code

Please place me in Chapter 99 (confidential chapter)

MEMBERSHIP REFERRAL

Referred by: _____

How did you hear about UFAA? _____

Why are you joining UFAA? _____

UFAA does not publish or distribute its membership list, but you may enroll in UFAA's Anonymous Program. This will make you ineligible for participation in UFAA's *Agent Referral Program*.

I want to enroll in UFAA's Anonymous Program. I understand that I will not be participating in UFAA's *Agent Referral Program*.

"Agents Helping Agents"®

Mission Statement - The United Farmers Agents Association is a professional Association committed to helping our members through education, communications, support and information, and to establish a true partnership with Farmers Group, Inc. I do hereby apply for membership in the United Farmers Agents Association, Inc., and agree to abide by the Bylaws and the Code of Ethics. I further agree with the general objectives of UFAA.

Signature of applicant

Date