



NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS

7735 Old Georgetown Road, Suite 900

Bethesda, MD 20814

Tel: 240.200.1270

Fax: 240.200.1295

www.nasbp.org

NASBP Associate Application Checklist

Associate Application

Membership Affidavit

Home Office & Branch Office Contacts Form

Associate Fees Check

Send application materials to:

National Association of Surety Bond Producers

Membership Department

7735 Old Georgetown Road, Suite 900

Bethesda, MD 20814

Phone: (240) 200-1282 Fax: (240) 200-1295



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ASSOCIATES APPLICATION

Name of Firm: _____

Home Office Location: _____

Address 1: Preferred Mailing Address

Address 2: Preferred Mailing Address

Street

Street or PO Box

City State Zip

City State Zip

Telephone: () _____ **Fax:** () _____ **Website:** _____

Please describe succinctly the services your firm provides to surety professionals and/or their clients:

Please fill in the information below for the individual who will be the **key (home office) contact**.

Full Name: _____

Title: _____

Professional Designations: _____

Phone No.: _____

Fax No.: _____

E-mail Address: _____

Preferred Salutation: ~ Mr. ~ Mrs. ~ Ms.

Preferred nickname for meeting badges: _____

Spouse's name for meeting badges: _____

Home Address: _____

City/State/Zip/Country: _____

Home Phone: (Optional) _____

Do you affirm that your firm is committed to the mission of NASBP to strengthen professionalism, expertise, and innovation in surety and to advocate its use worldwide? ^YE S ^NO

I UNDERSTAND AND AGREE that the National Association of Surety Bond Producers has the right to verify any of the information I have provided in this associate membership application, and that the Association may use the information provided in this application to determine my firm's eligibility for associate membership in the National Association of Surety Bond Producers

I UNDERSTAND FURTHER that completion of this application for associate membership in the National Association of Surety Bond Producers does not imply or assure the acceptance of my firm as an associate of the Association. *I also understand that compliance with the Bylaws, submission of the Membership Affidavit, and remittance of dues are conditions to and of associate membership.*

NOTE: SUBMISSION INFORMATION (please return the following documents)

- Completed signed and dated Application
- Completed Home Office & Branch Office Contacts Form
- Completed signed and dated Membership Affidavit
- Associate Fees Check

Firm Name

Signature of Principal

By: _____
Principal's Name (Print)

Title

Date

Send application materials to:

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MEMBERSHIP AFFIDAVIT

A principal or officer of each applicant for membership must read, sign and date this affidavit and return it to the NASBP Membership Department along with other completed application materials.

I HEREBY AFFIRM THAT:

- (a) I am an officer or principal of my firm and I possess the authority to make this Affidavit; and
- (b) No current officer, owner, partner, manager, director or managing director of the firm has been charged with and duly convicted of a felony involving theft, conversion or fraud, including consumer, wire or mail fraud, in the performance of surety business or other business endeavors.

Firm Name: _____

Signature: _____ Date: _____

Print Name/Title: _____

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**NASBP INDIVIDUAL
MASTERFILE QUESTIONNAIRE**

Please make copies of this form before completing and return one form to NASBP for each individual that you wish to add to your membership roster.

Full Name: _____

Title: _____

Professional Designation: _____

E-mail Address: _____

Salutation: **Mr.** **Mrs.** **Ms.**

Date of Birth: ____/____/____
(Optional)

Are you the Key Contact for NASBP? **YES** **NO**

**Are you the Government Relations Contact
for grass roots activities on legislative
and regulatory matters impacting surety?** **YES** **NO**

If not, please provide NASBP with a Government Relations Contact:

Full Name: _____

E-mail Address: _____

Add your name to NASBP mailing list? **YES** **NO**

**Add your name to the firm’s listing in NASBP
membership directory?** **YES** **NO**

Preferred nickname for NASBP meeting badges: _____

Spouse’s name for NASBP meeting badges: _____

Home Address: _____

Home Phone: _____

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**ASSOCIATE DUES PRICE STRUCTURE
THIS IS NOT AN INVOICE**

NASBP associate membership dues are based on the total number of firms listed as NASBP associates ending December 31, 20___. NASBP bylaws stipulate that every associate office, whether the headquarters of a firm or a participating division, branch office or subsidiary, shall each pay a membership investment to the Association based on the following schedule:

ASSOCIATE DUES PRICE STRUCTURE/ 1-5 OFFICES

	20__ DUES
Home Office	\$1,261
Each office listed under headquarter	\$525

Associate dues paid to NASBP may be deductible as an ordinary and necessary business expense. However, they are not deductible as a charitable contribution. Please consult your tax advisor for more specific information or assistance. Under the Omnibus Budget Reconciliation Act of 1993, that portion of membership dues and fees used for lobbying is not deductible. It is estimated that ___% of membership dues and affiliate fees will be used to fund NASBP's lobbying activities in 20___.