



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



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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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**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	\$1,200
Each office listed under headquarter	\$500

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__.