

**Three Easy Ways to Contribute to IFAPAC – Bank Draft, Check or Credit Card**

<u>Club Type</u>	<u>Annual Contribution</u>	<u>Monthly Bank Draft</u>
Capitol	\$5,000	\$416.00/month
Emissary	\$2,500 to \$4,999	\$210.00/month
Diplomat	\$1,000 to \$2,499	\$84.00/month
Envoy	\$500 to \$999	\$42.00/month
Statesman	\$300 to \$499	\$25.00/month
Ambassador	\$200 to \$299	\$17.00/month
Century	\$100 to \$199	\$8.50/month
Investor	\$50 to \$99	\$5.00/month (minimum for bank draft)

Name \_\_\_\_\_  
 NAIFA Member # \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

I would like to make my contribution in one annual amount:

Enclosed is my *personal check* for \$ \_\_\_\_\_

Please charge my *personal* **Visa** **MasterCard** **American Express** (circle one)  
 Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

For a single, annual amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

**(PLEASE NOTE: WE CANNOT CHARGE CREDIT CARDS MONTHLY)**

I currently give on **bank draft**. Please *increase* my monthly contribution to \$ \_\_\_\_\_

I would like to enroll in the monthly **bank draft** plan. Enclosed is my check for the first month's payment. I have completed the information requested below.

Contributions to IFAPAC are voluntary, divided between your state association IFAPAC and IFAPAC-National, and contributed to candidates for state elective office (by your state IFAPAC) or for federal elective office (by IFAPAC-National). Your state IFAPAC is affiliated with IFAPAC-National through a federation of local, state and national trade associations. Corporate contributions to IFAPAC-National's political fund are prohibited. Under state and federal law, you have the right to refuse to contribute without reprisal. Contributions are not deductible as charitable contributions for federal income tax purposes.

**MONTHLY BANK DRAFT AUTHORIZATION**

I hereby authorize IFAPAC to withdraw from my account the amount specified below every month. This authorization will remain in effect until revoked by me in writing and, until IFAPAC receives such notice, I agree that IFAPAC shall be fully protected in honoring such withdrawals. In consideration of IFAPAC's compliance with such request and authorization, I agree that IFAPAC's treatment of each such check and IFAPAC's rights in respect to it, shall be the same as if it were signed personally by me and that if any such check be dishonored, IFAPAC shall be under no liability whatsoever even though such dishonor results in the forfeiture of IFAPAC membership.

1) Name of depositor as shown on bank records \_\_\_\_\_

2) Account number \_\_\_\_\_

3) Name of bank and address of bank branch where account is maintained  
 \_\_\_\_\_

4) Amount of draft per month \$ \_\_\_\_\_

5) Signature of depositor as shown on bank records:

X \_\_\_\_\_

Date \_\_\_\_\_

X (if joint) \_\_\_\_\_

**When signing up for bank draft,  
remember to enclose a voided check !!**

**Return form & contributions to: IFAPAC; 2901 Telestar Court; Falls Church, VA 22042-1205. Or fax bank draft application or credit card contribution to 703-770-8151. Club types listed above are merely suggested amounts.**