



**New/Transfer Member Application  
for NYCAIFA/NAIFA**  
(Please type or print clearly)



Local Association: **New York City AIFA**

Local Association No.: **353780**

**Personal Information, Please Print or Type** **Membership – Select One:**    **New**    **Transfer**

**Membership Type:**    **Active**    **Associate**

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Mr., Ms., Mrs., Other \_\_\_\_\_ Applicant's Full Name (First, Middle, Last Name)

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Year of Initial License \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Designations \_\_\_\_\_ Title \_\_\_\_\_

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Primary Company \_\_\_\_\_ Firm/Agency Name (if applicable)

**Please send all mail to my:**    Home Address    Business Address

**Please send all email to my:**    Home Email    Business Email    Do Not Email

**Business Information:**

Street Address 1 \_\_\_\_\_ Business Phone \_\_\_\_\_

Street Address 2 \_\_\_\_\_ Business Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Email Address \_\_\_\_\_

**Home Information:**

Street Address 1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address 2 \_\_\_\_\_ Home Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Other:**

Producer Type:    Independent Agent    Multiline Agent    General Agent/Manager    Career Agent

Home Service    Bank Agent    Broker    Financial Planner    Stock Broker

Other \_\_\_\_\_

**Referred by (please print):** To the best of my knowledge the applicant named is entitled to and worthy of acceptance by this local association

Active Sponsor Signature \_\_\_\_\_ Print Sponsor Name \_\_\_\_\_

**Membership Fee: \$475**

There is a \$25 membership cancellation fee.

Bank Draft (see reverse side)    Check enclosed    Please charge my credit card:    MC/Visa    Amex    Discover

Print Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ If paying by credit card you can fax to Saira Sanchez at (212) 764-8693

Mail payment & application to :   New York City Association of Insurance and Financial Advisors, Att: Saira Sanchez  
989 Avenue of the Americas, 6<sup>th</sup> Fl., New York, NY 10018

Questions? Call Saira Sanchez, Member Services at (212) 221-3500, ext. 306, Fax (212) 764-8693

**Continue on pg 2 (sign & date)**

## Membership Agreement

I agree to abide by the association bylaws and NAIFA's Code of Ethics (see below) and certify that:

- a. I have not been accused in writing nor been found in violation of the code of ethics of any professional organization of which I am a member. A state or federal licensing or regulatory body has not censured, fined or reprimanded me, or revoked or suspended my investment advisor, securities, or insurance license(s). I am not a defendant in a criminal action. If a criminal judgment has been entered against me in the past, it has been disclosed to NAIFA and its predecessors.
- b. I agree that neither the Association nor its individual members, officers, directors, agents or employees shall be liable to me, individually or jointly, if this application for membership is rejected or for the consequences of any disciplinary action which may be sought or taken against me under the local Association's bylaws or Amendments thereto or any disciplinary or penal action which may be sought or taken against me under the laws of this or any other state or jurisdiction, or for any statement which the Local Association or any of said individuals may issue relative to any such action; provided, for its or their gross negligence or willful misconduct.
- c. I understand and agree that my application for membership will be declined if it does not obtain a majority vote of the Board of Directors, or in the opinion of the Board of Directors, I am or will be unable or unwilling to conform to any of the foregoing requirements.

OR (check if any statements apply):

- I have been accused in writing or been found in violation of the rules or code of ethics of a professional organization of which I am a member. A state or federal licensing or regulatory body has censured, fined or reprimanded me, or revoked or suspended my investment advisor, securities or insurance license(s).
- I am a defendant in a pending criminal action or a criminal judgment has been imposed against me that has not been disclosed to NAIFA or its predecessors.

I will attach complete details with this application. I understand that a finding of such violation may create a presumption that I have violated NAIFA's Code of Ethics.

**Signature**

**Date**

For your information: Your local association (NYCAIFA) is a member of the state (NYSAIFA) and national (NAIFA) associations. Your dues are divided between each association. Association dues are not deductible as a charitable contribution for federal tax purposes. However, dues payments may be deductible by members as ordinary business expenses. The portion of your dues that the NAIFA federation spends in lobbying activities may not be deducted from our federal income taxes. This portion of your dues is not deductible:

NAIFA	\$33.00
New York State AIFA, Inc.	\$10.88
Total Dues Not Deductible	\$43.88

## NAIFA Code of Ethics

**Preamble:** Those engaged in offering insurance and other related financial services occupy the unique position of liaison between the purchasers and the suppliers of insurance and closely related financial products. Inherent in this role is the combination of professional duty to the client and to the company as well. Ethical balance is required to avoid any conflict between these two obligations. Therefore,

### I Believe It To Be My Responsibility

**To** hold my profession in high esteem and strive to enhance its prestige.

**To** fulfill the needs of my clients to the best of my ability.

**To** maintain my clients' confidences.

**To** render exemplary service to my clients and their beneficiaries.

**To** adhere to professional standards of conduct in helping my clients to protect insurable obligations and attain their financial security objectives.

**To** present accurately and honestly all facts essential to my clients' decisions.

**To** perfect my skills and increase my knowledge through continuing education.

**To** conduct my business in such a way that my example might help raise the professional standards of those in my profession.

**To** keep informed with respect to applicable laws and regulations and to observe them in the practice of my profession.

**To** cooperate with others whose services are constructively related to meeting the needs of my clients.

### Authorization Agreement for Monthly Bank Draft:

I hereby authorize the National Association of Insurance and Financial Advisors, hereinafter called NAIFA, to initiate debit entries to my: (select one)

**Checking Acct.**  **Savings Acct.** at the depository financial institution named below hereinafter called DEPOSITORY, and to debit the same to such account. **Attach a voided check from the account to be drafted.**

Bank Name \_\_\_\_\_

Bank City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number (ABA #) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until NAIFA has received written notification from me (the participant) of its termination. Written notification must be received by NAIFA by the last business day of the month to avoid a draft for the following month.

Account Holder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: All written debit authorizations must provide that the member may revoke the authorization only by notifying NAIFA in the manner specified in the authorization.**

**Monthly Debit = \$40.08**

**Total Dues \$475 divided by 12 months + \$0.50 = \$40.08**

**Note to Members Paying by Bank Draft:** NAIFA will debit your account on the 5th of every month. Debits will begin the month following receipt of this application. You will be notified in advance of any adjustments in your monthly debit, resulting from any dues adjustments. There is a \$.50 per month transaction fee, which is added to the monthly deposit amount. If your membership is being reinstated after a lapse, the first debit will reflect the amount due for the delinquent months. **If the participant has insufficient funds in his/her account to cover the monthly draft, NAIFA will charge a \$15.00 fee on the next monthly debit. If the insufficient fund status occurs for a second consecutive month or twice within six months, the participant will be removed from the program and all benefits will be terminated.** The member will not be eligible to receive benefits again until his/her account is brought current. Once you have enrolled in the bank draft program, you are committed to pay full annual dues in 12 monthly payments. If you fail, for whatever reason, to complete your full membership dues obligation, you are still liable for the remaining unpaid balance.