



United Farmers Agents Association Application for Membership

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“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.

APPLICANT INFORMATION

Name	Agent Since:	Agent Code
Mailing Address, City, State, Zip		[] Home address [] Office Address
Physical Address if different:		
Office Phone:	Cell Phone:	Fax:
Non Farmers Email:		Farmers Email:

TYPE OF MEMBERSHIP – Please Select One

FULL MEMBERSHIP BENEFITS	Regular: Farmers Insurance Agents with an in force Agent Appointment Agreement. [] Annual \$320 first year – Renews at \$420 Annually after the first year.
	[] Semi-Annual \$160 first year – Renews at \$210 after first year.
	[] Monthly EFT \$26 a month for the first year – Renews at \$35 a month after first year- Attach a copy of a voided check.
	[] Associate (\$75 Annual): 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.
	[] Affiliate (\$100 Annual): 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.
	[] Advocate (\$75 Annual): All persons who have never held an Agent Appointment Agreement with Farmers.
	[] Career Agent (\$50 First Year): Active Farmers Agent still in the Career Program -Renews at regular rate after 1st Year.

E&O Agent: Limited to E&O Group Membership The E&O Limited Membership is only available through the E&O Website: www.groupeando.com.	Annual \$156 (prorated)
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IN ADDITION TO MY DUES, I WISH TO CONTRIBUTE:

\$ _____ to the General Fund	\$ _____ to the Legal Fund	\$ _____ to the AGM DRA Lawsuit
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PAYMENT MODE – PLEASE SELECT ONE

[] EFT (Monthly) Attach a copy of a voided check []\$26 []\$35 []\$40 []\$45 []\$50 []\$_____
[] I authorize UFAA to make electronic withdrawals from my account in the amount stated above. Withdrawals will occur on or about the 10th of every month. This authorization agreement is effective as of the signature date below 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 they actually receive such notice.

[] Check	Please Make Checks payable to UFAA and mail to the address above
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[] Visa [] MasterCard - I authorize this amount to be charged to my credit card: \$_____

Credit Card Number	Expiration Date	CVV Code:
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Billing Address:	[] Same as mailing
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CHAPTER SELECTION –if you do not select a Chapter you will be placed in the closest Chapter to your zip code

[] Please place me in Chapter _____ (Local Chapter numbers can be found on the back of <i>The Voice</i>)

[] UFAA does not publish or distribute its membership list, but if you wish to be enrolled in UFAA’s Anonymous Program please check the box to the left. By doing so you understand that you will not be part of the UFAA Agent Referral Program.

Referred By: _____

How did you hear about UFAA?	Why are you joining?
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Membership Identification question and answer: Mother’s Maiden Name

[] I wish to only receive the email/digital version of UFAA’s Publication <i>The Voice</i> . I agree that I will not share the Member’s Only version of the publication. Please discontinue sending me a printed copy of <i>The Voice</i> .

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