LBAA MEMBERSHIP APPLICATION AND AGREEMENT

Last Name First Name MI

Mailing Address _____

City _____ County _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Fax # _____ email _____

Billing Address _____

City _____ County _____ State _____ Zip _____

ACKNOWLEDGMENT TO THE
LEVERAGE BENEFITS OF AMERICA ASSOCIATION (LBAA)
(Association Benefits $5.00 per month)
Your Association Benefits can be found online at www.mylbaa.org

I elect to pay my dues and any enrollment fees for other programs by _____Bank draft on a Monthly basis and I hereby authorize LBAA to initiate debit entries or correct entries to my bank account represented by the check for my first month's fees attached. This authorization remains in effect until terminated by me in writing to LBAA. I authorize LBAA to add enrollment fees for other programs to the bank draft or credit card charges, if any.

I hereby request to participate as a member of LBAA, an Association and purchasing coalition, with agreements that govern the programs available to members and I apply to be eligible for all benefits available to participating members. I agree to pay the applicable membership fees and understand that failure to maintain membership in the Association may affect my eligibility for membership benefits. I further understand LBAA is NOT an insurance company, does not process or pay claims, nor is it approved, registered, or regulated by any Department of Insurance. ***I understand that by participating, applicable association dues, billing, service, and consultant fees, if any, will be included in my bank draft or credit card charges and I specifically authorize and direct LBAA to make payment directly to the appropriate organization(s).***

SIGNATURE: I hereby declare that I have read the terms of this application and agreement form and that I fully understand and agree to abide by said terms.

X_____

Applicant Signature-Required Date