



MEMBERSHIP APPLICATION

			M F		
Last Name	First Name	Initial	Gender	Date of Birth	
Address		Phone #		E-Mail Address	
City	State	Zip Code	Social Security #		
Spouse (if included)			Date of Birth	M F	
Dependent(if included)			Date of Birth	M F	
Dependent(if included)			Date of Birth	M F	
Dependent(if included)			Date of Birth	M F	
Dependent(if included)			Date of Birth	M F	

Complete ONLY If List Bill or Payroll Deduction Through Employer

Employer/Company Name	Employer/Company Phone #
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\$5000 AccidentShield				
	Monthly/PAC	Quarterly/PAC	Semi-Annual	Annual
Single	\$22.00	\$66.00	\$121.00	\$220.00
Family	\$35.00	\$105.00	\$192.00	\$350.00
\$10,000 AccidentShield				
Single	\$34.00	\$102.00	\$187.00	\$340.00
Family	\$47.00	\$141.00	\$258.00	\$470.00

Add \$10.00 One Time enrollment fee to initial payment.

Monthly & Qt direct bill add \$2.50 per billing period.

Monthly direct bill requires 2 month's payment upon submission.

Group List Bill available. Ask Representative for details.

_____	+	_____	+	\$10.00	=	_____
Chosen Rate		Direct Bill		One Time Fee		Initial Payment

I hereby apply for membership with WBA and I authorize WBA and/or its authorized agent to charge my credit card for all future renewal payments as they come due, or; I hereby request and authorize you to pay checks drawn on my account by WBA and/or its authorized agent and payable to same provided there are sufficient collected funds in said account to pay the same upon presentation, or; I authorize my employer to deduct from my earnings the required contribution, if applicable. This authorization is to remain in effect until WBA receives written notification from me revoking the authorization. I will notify WBA in writing of my wish to cancel the membership 30 days in advance.

Member Signature _____	Date _____
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Payment Option

Check Credit Card Employer

Payment Mode

MPAC QPAC S/A ANN
(PAC Attach Void Check)

Direct Mo Direct QT (Add \$2.50 DIRECT)

Make Check Payable to: WBA

Credit Card Information

VISA MC DISCOVER AMEX

Card Number _____	Expiration (Mo/Yr) _____
Name on Credit Card _____	

Producer Name _____	Producer # _____
Producer Address _____	