



NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS

7735 Old Georgetown Road, Suite 900

Bethesda, MD 20814

Tel: 240.200.1270

Fax: 240.200.1295

www.nasbp.org

NASBP Affiliate Application Checklist

Affiliate Application ☐

Membership Affidavit ☐

Home Office & Branch Office Contacts Form ☐

Affiliate Dues Check ☐

Send application materials to:

National Association of Surety Bond Producers

Membership Department

7735 Old Georgetown Road, Suite 900

Bethesda, MD 20814

Phone: (240) 200-1282 Fax: (240) 200-1295



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AFFILIATE APPLICATION

Name of Firm: _____

Home Office Location: _____

Address 1: ☐ Preferred Mailing Address

Address 2: ☐ Preferred Mailing Address

Street

Street or PO Box

City State Zip

City State Zip

Telephone: () _____ Fax: () _____ Website: _____

Please check one:

~ 1. Surety Underwriting Company

Indicate one or more states within the United States of America in which admitted to conduct surety business:

~ 2. Managing General Agency (MGA)

List surety company and indicate one or more states within the United States of America in which the surety company represented is admitted to conduct surety business: _____

~ 3. Reinsurance Company

Indicate one or more states within the United States of America in which admitted to conduct reinsurance business:

~ 4. Reinsurance Intermediary/Broker

If category 1 or 2 is checked, indicate last calendar year's total written surety bond premiums (contract and commercial) U.S. \$ _____

Please fill in the information below for the individual who will be the **key (home office) contact**.

Full Name: _____

Title: _____ Professional Designations: _____

Phone No.: _____ Fax No.: _____

E-mail Address: _____

Preferred Salutation: ~ Mr. ~ Mrs. ~ Ms.

Date of Birth: _____ (Optional)

Preferred nickname for meeting badges: _____

Spouse's name for meeting badges: _____

Home Address: _____

City/State/Zip/Country: _____

Home Phone: (Optional) _____

I UNDERSTAND AND AGREE that the National Association of Surety Bond Producers has the right to verify any of the information I have provided in this affiliate membership application, and that the Association may use the information provided in this application to determine my firm's eligibility for affiliate membership in the National Association of Surety Bond Producers

I UNDERSTAND FURTHER that completion of this application for affiliate membership in the National Association of Surety Bond Producers does not imply or assure the acceptance of my firm as an affiliate of the Association. ***I also understand that compliance with the Bylaws, submission of the Membership Affidavit, and remittance of dues are conditions to and of affiliate membership.***

NOTE: SUBMISSION INFORMATION (please return the following documents)

- **Completed signed and dated Application**
- **Completed Home Office & Branch Office Contacts Form**
- **Completed signed and dated Membership Affidavit**
- **Affiliate Fees Check**

_____	_____
Firm Name	Signature of Principal
By: _____	
Principal's Name (Print)	Title _____ Date _____

Please mail your signed application and other materials to:

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Membership Department
7735 Old Georgetown Road, Suite 900
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Phone: (240) 200-1282 Fax: (240) 200-1295

We look forward to serving you as a Member of NASBP.



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MEMBERSHIP AFFIDAVIT

A principal or officer of each applicant for membership must read, sign and date this affidavit and return it to the NASBP Membership Department along with other completed application materials.

I HEREBY AFFIRM THAT:

- (a) I am an officer or principal of my firm and I possess the authority to make this Affidavit; and
- (b) No current officer, owner, partner, manager, director or managing director of the firm has been charged with and duly convicted of a felony involving theft, conversion or fraud, including consumer, wire or mail fraud, in the performance of surety business or other business endeavors.

Firm Name: _____

Signature: _____ Date: _____

Print Name/Title: _____

Please mail your signed materials to:

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**NASBP INDIVIDUAL
MASTERFILE QUESTIONNAIRE**

Please make copies of this form before completing and return one form to NASBP for each individual that you wish to add to your membership roster.

Full Name: _____

Title: _____

Professional Designation: _____

E-mail Address: _____

Salutation: **Mr.** **Mrs.** **Ms.**

Date of Birth: ____/____/____
(Optional)

Are you the Key Contact for NASBP? **YES** **NO**

Are you the Government Relations Contact **YES** **NO**
for grass roots activities on legislative
and regulatory matters impacting surety?

If not, please provide NASBP with a Government Relations Contact:

Full Name: _____

E-mail Address: _____

Add your name to NASBP mailing list? **YES** **NO**

Add your name to the firm's listing in NASBP **YES** **NO**
membership directory?

Preferred nickname for NASBP meeting badges: _____

Spouse's name for NASBP meeting badges: _____

Home Address: _____

Home Phone: _____

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AFFILIATE DUES PRICE STRUCTURE
THIS IS NOT AN INVOICE

The Affiliate dues price structure is subject to indexing for inflation. Affiliate dues are based on the total surety premiums written for the previous membership year. NASBP bylaws stipulate that every NASBP Affiliate shall each pay a membership investment to the Association as shown below, in order to remain in good standing and to obtain membership.

AFFILIATE DUES PRICE STRUCTURE (Domestic)

	DUES
20__ total written surety premiums greater than \$100 million	\$11,480
20__ total written surety premiums of \$20 million to \$100 million	\$9,185
20__ total written surety premiums less than \$20 million	\$5,740

AFFILIATE DUES PRICE STRUCTURE (International)

	DUES
International with 20__ total written surety premiums greater than \$100 million	\$5,740
International with 20__ total written surety premiums of \$20 million to \$100 million	\$4,492
International 20__ total written surety premiums less than \$20 million	\$2,870

Member dues and affiliate fees paid to NASBP may be deductible as an ordinary and necessary business expense. However, they are not deductible as a charitable contribution. Please consult your tax advisor for more specific information or assistance. Under the Omnibus Budget Reconciliation Act of 1993, that portion of membership dues and fees used for lobbying is not deductible. It is estimated that __% of membership dues and affiliate fees will be used to fund NASBP's lobbying activities in 20__.