

NFIB MEMBERSHIP INVOICE

MEMBER I.D. _____

MAIL THE TOP COPY TO: NFIB

P.O. Box 305043 • Nashville, TN 37230-5043

DATE ____ / ____ / ____

AMOUNT \$ _____

Please pay from this invoice.

Maximum amount accepted is \$15,000 per year. All voting memberships qualify for the same privileges regardless of amount.

NFIB is a non-profit membership organization incorporated in the state of California qualifying under section 501(c) (6) of the Internal Revenue Code and is EXEMPT from backup withholding.

Under the Omnibus Budget Reconciliation Act of 1993, 48% of your dues is attributed to lobbying expense and is not tax deductible.

Annual dues include \$1 for membership in the Voice of Free Enterprise, Inc.

DR. MR. MS. _____
MRS. MISS _____
FIRM _____
BUSINESS ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP CODE _____
MAILING ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP CODE _____
PHONE _____ AREA CODE _____ FAX _____ AREA CODE _____ EMAIL _____
REP I.D. _____ REP NAME _____

CREDIT CARD INFORMATION

- Visa MasterCard
 Discover American Express

CREDIT CARD NUMBER _____

CVV2 CODE _____

EXP. DATE _____

SIGNATURE _____

CHECK NUMBER _____

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PRINT ALL INFORMATION CLEARLY

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