Associate Member Application

Use this application if you have a direct interest in motor vehicle fleet administration through the supply of products and/or services directly pertaining to the industry.

(If you perform the customary duties of a fleet manager, complete the Regular application.)

Name: _________________________________________________________________________
Mr./Mrs./Ms. First Middle Last Suffix

Title: _______________________________________________________________________

Employer: _________________________________________________________________

Work Contact Information

Address 1: _________________________________________________________________
Address 2: _________________________________________________________________
City: __________________________ State: ________________
Zip/Postal Code: ___________ Country: ___________
Telephone: __________________________
Work E-mail: __________________________

Home Contact Information

Address 1: _________________________________________________________________
Address 2: _________________________________________________________________
City: __________________________ State: ________________
Zip/Postal Code: ___________ Country: ___________
Cell #: __________________________
Personal E-mail: __________________________

Employer’s line(s) of work (1 for primary and 2 and/or 3 for the next appropriate categories)

___ Accident management systems
___ Auto transporter
___ Financial services
___ Fleet management systems/software
___ Fuel management systems/software
___ Products/services for sustainability
___ Insurance
___ Leasing company services
___ Maintenance (mechanical) management services
___ Oil and fuel analysis
___ Remarking
___ Risk management
___ Safety management
___ Short-term rental agencies
___ Training programs
___ Fuel management systems/software
___ Used vehicle guide publications
___ Vehicle auction
___ Vehicle selection
___ Vehicle upfitting
___ Oil and fuel analysis
___ Does not apply
___ Other: __________________________________________________________________

Preferred contact
☐ Work
☐ Home

Payment

Make check payable to NAFA Fleet Management Association. Mail payment with application to:
NAFA, 125 Village Boulevard, Suite 200, Princeton, NJ 08540-5753
or fax to 609.452.8004 or email to membership@nafa.org

☐ American Express ☐ MasterCard ☐ Visa

Card Number: ________________ ________________ ________________ ________________

Expiration Date: ____________ CVV Code: ________________

Signature: ____________________________________________ Date: ____________

Print Name: ____________________________________________

Membership Dues

☐ US Member: $499.00
☐ Canada Member: $499.00 (plus applicable taxes)
☐ Int’l Member: $749.00

Membership is for 12 months, must be paid in U.S. funds and billed annually on an anniversary-date basis.
(If other individuals from your company are members, contact NAFA for group rates.)