



# Membership Application

Fleet Manager: If you perform the usual and customary duties of a fleet manager.

Fleet Suppliers: If you are engaged in the sale, lease and/or rental of products or services for or relating to motor vehicle management.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mr./Mrs./Ms. First Middle Initial Last Suffix

Organization: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Member Type

- Fleet Manager
- Fleet Supplier

### Total # of Members

\_\_\_\_\_

### Membership Dues

Price per member

One membership	\$549
2 to 3 members	\$523
4 to 5 members	\$495
6 to 10 members	\$468
11 to 15 members	\$440
16 to 20 members	\$413
21 to 25 members	\$385
26 to 30 members	\$358
31 to 40 members	\$330
41+ members	\$303

### Payment

Make check payable to NAFA Fleet Management Association. Mail payment with application to: NAFA, PO Box 412963, Boston, MA 02241-2963 or fax to 609.452.8004 or email to [membership@nafa.org](mailto:membership@nafa.org)

- American Express
- MasterCard
- Visa

Card Number:

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Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(NAFA membership is for 12 months, must be paid in U.S. funds, and is billed annually on a quarterly anniversary date basis.)

### List of additional company personnel (if address is not different than above, please write "same.")

Name	Title	E-mail Address	Phone
Address _____ City, State, Zip Code _____			
Name _____ Title _____ E-mail Address _____ Phone _____			
Address _____ City, State, Zip Code _____			
Name _____ Title _____ E-mail Address _____ Phone _____			
Address _____ City, State, Zip Code _____			

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Name	Title	E-mail Address	Phone
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Address	City, State, Zip Code
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Name	Title	E-mail Address	Phone
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Address	City, State, Zip Code
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Address	City, State, Zip Code
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