



**2012**

**Service Provider/Associate Membership  
Application/Invoice**

**The following entity makes application to the National Introducing Brokers Association (NIBA):**

**Name:** \_\_\_\_\_

**Name & title of individual contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**This is a Renewal: Yes ( ) No ( ) NIBA Member Since:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership Dues:** \$350.00 per year.

**Issue your check to:** NIBA

**Mail to:**

NIBA Membership  
c/o John Jensen  
8775 Aero Dr. Suite 302  
San Diego, CA 92123