



Application for Membership

United Farmers Agents Association

9785 Mackenzie Rd, Ste #104, St. Louis, MO 63123
 Phone 800-275-8668 Fax 314-631-7963 Email no@ufaa.com



Mission Statement - The United Farmers Agents Association is a professional Association committed to helping our members through education, communications, support and information, and to establish a true partnership with Farmers Group, Inc.

APPLICANT INFORMATION

Name		Agent Code
Current address:		
City:	State:	Zip Code:
Phone	Fax	Email

TYPE OF MEMBERSHIP Non-Farmers Email:

Regular Member: Farmers Insurance Agents with an in force Agent Appointment Agreement.	Annual \$360	Semi-Annual \$180	Bank Draft \$30 Month <i>Attach a copy of a voided check</i>
Associate Member: Former agents of Farmers Insurance Group who no longer have an in force Agent Appointment Agreement and who are not employees, agents or representatives of an insurance company that offers one or more of the same lines of insurance as Farmers Insurance Group.			Annual \$50
Affiliate Member: Any person or organization not qualifying under Regular Membership or Associate Membership			Annual \$50
Career Agent: An active Farmers Agent Still in the Career Program, Renews at Regular Member rate			First Year of Membership \$50
E&O Agent: Limited to E&O Group Membership The E&O Limited Membership is only available through the E&O Website: www.groupeando.com			Annual \$120 (prorated)

PAYMENT MODE – PLEASE SELECT ONE

Attached is my Check for (Select One) <input checked="" type="checkbox"/>				
Annual - \$360	Semi-Annual - \$180	Bank Draft - \$30 (First Months dues)	Associate/Affiliate - \$50	Career - \$50

Sorry, No monthly payments via credit cards

OR

Monthly pay requires \$30 check & Bank draft agreement

Charge My Credit Card: (Select One) <input checked="" type="checkbox"/>		MasterCard	Visa
Annual - \$360	Semi-Annual - \$180	Bank Draft - \$30 (First Months dues)	Associate/Affiliate - \$50 Career - \$50
Credit Card Number		Expiration Date	

ADDITIONAL FUNDS

In addition to my dues, I wish to contribute:	\$ _____ to the General Fund	\$ _____ to the Legal Fund	\$ _____ to the DRA Fund
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BANK DRAFT AGREEMENT – PLEASE ATTACH A VOIDED CHECK WITH YOUR APPLICATION

<p>Authorization to Honor Checks Drawn by the United Farmers Agents Association, Inc.</p> <p>For my benefit and convenience, I hereby request and authorize the United Farmers Agents Association, Inc. to draw a check in the amount of \$ _____ on or about the 10th day of each month payable to its own order.</p> <p>This authorization will remain in effect until revoked by me in writing and until they actually receive such notice.</p>
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“AGENT HELPING AGENTS®”

<p>THE GENERAL OBJECTIVES OF UFAA ARE:</p> <ol style="list-style-type: none"> To create meaningful communication between company and agent. To improve professional status in the community. To improve company-client relationship. To improve agent to agent relationships. To stand united to accomplish these objectives. 	<p>THE SPECIFIC SECURITY OBJECTIVES OF UFAA ARE:</p> <ol style="list-style-type: none"> A two-way negotiated contract. For rendered services contractual compensation schedules encompassing full commission of all premiums. Agent ownership of policies and expirations. Termination for just stated-cause only. Ending discrimination of agent or agent authority. To foster cooperation for mutual benefit, between other agent associations.
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I am currently a Farmers Insurance agent and do hereby apply for membership in the United Farmers Agents Association, Inc., and agree to abide by the bylaws and the code of ethics. I further agree with the above stated principles.

Signature of applicant: Print, sign & date app.	Date:
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