

Application for Membership

Health Agents for America, Inc. is currently looking for Agents who plan to be in business and want to survive the Patient Protection and Affordable Care Act. In order to be considered as a HAFA member, you must be an "independent", "non-captive" agent, with at least two (2) insurance contracts.

Now is the time that Agents need strong representation at your State and the Nation's Capitol as Congress and State Legislatures are considering bills that could change or eliminate the Agent Community. HAFA is small enough to offer personal service and powerful enough to lead successful campaigns!

Print your Full Name and designations				
Name of Your Company	Your Title	States Licensed		
Street Address	City	State	Zip	
Telephone	Fax	E-Mail Addres	SS	
Payment Enclosed: Amount:	(Made paya	able to HAFA)		
[] I am a Licensed, Independent	t & Non-Captive Insura	nce Agent		
[] I am certified to Sell in the Mar	ketplace [] I sell Medic	are Products		
[] Presidential Membership - \$1,500		0	al Membership	-\$245
[] \$126/Month	[] \$48/Month	[] \$23/Month	•, ,	
[] Please set me up for automatic mo [] Please I would like to pay by credit ca	•		itment	/
(\$5.00 Processing Fee)	(Number)		(Security Code)	(ZipCode)
[] As a Presidential Member, I would [] I would like my logo to be listed o				
Mail To: HAFA				
P O Box 65128				
Baton Rouge, LA 70896				

(501© 6 Non-Profit Status)