



National Employers Association

8700 E. Vista Bonita Drive #174, Scottsdale, AZ 85255
Phone 800-366-2467 Fax 480-596-6518 or 800-471-7996

Attention: Member Services

Re-enrollment Authorization Form

National Employers Association reserves the right to decide if a membership will be reinstated and what the effective date of reinstatement shall be. There may be a lapse in membership benefits during reinstatement. There is a \$10.00 re-enrollment fee.

PLEASE PRINT OR TYPE

Primary Member Name: _____

Membership Number: _____ Last 4 SS# Digits: _____

Address Listed on Original Enrollment Form:

Street

City State Zip

Daytime Phone: ____/____/____

Payment will be processed by the same method and mode as prior to your cancellation. If you would like to change the method of payment, you must complete the appropriate fields below:

Checking Savings

Routing #: _____ Account #: _____

Bank Name & Address: _____

Visa MasterCard Card #: _____ Exp.: _____

X _____ 3 Digit Security: _____

Primary Member Signature

Date

Submit completed form to NEA for processing by mail, fax or email:

MAIL: 8700 E. Vista Bonita Drive #174, Scottsdale, AZ 85255

FAX: 1-800-471-7996 or EMAIL: INFO@NEAMembersOnline.com