



# Membership Application

AALU is the trusted, influential voice for life insurance and annuities in Washington, DC with a heritage of leadership and success. Complete the application below to become part of our community of leaders.

\*Required fields

## Applicant Information

Full Name:\* \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Date of Birth:\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:\*  Male  Female  Choose not to specify

Mailing Address:\* \_\_\_\_\_  
Street Address Unit #

\_\_\_\_\_  
City State ZIP Code

Primary Phone:\* \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Primary Affiliation:\* \_\_\_\_\_

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

Job Title:\* \_\_\_\_\_

## Referrals

Please let us know who referred you to join AALU.\*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Membership Tiers

Please select a membership tier to join.\*

### General Membership

- Annual Membership - \$2,057/year  Monthly Membership - \$171.42/month

### Access Membership (Producers under the age of 40)

- Annual Membership - \$900/year  Monthly Membership - \$75/month

## Payment Information

Please select your method of payment:\*

Credit Card

ACH

### Credit Card Payment

If paying via credit card, please complete all fields in Credit Card Payment section.\*

Select one:



Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street Address

Unit #

City

State

ZIP Code

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Credit Card Verification Code: \_\_\_\_\_

### ACH Payment

If paying via ACH, please complete all fields in ACH Payment section.\*

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street Address

Unit #

City

State

ZIP Code

Please enroll me in auto-bill:\*

\*monthly memberships are required to be on auto-bill

Yes

No

By selecting 'yes', I acknowledge that I will be automatically charged for the amount and interval selected above until a written cancellation is submitted to AALU.

## Disclaimer and Signature

I authorize AALU to charge my card for the amount and interval indicated above. I understand that AALU membership dues are nonrefundable.

Signature: \* \_\_\_\_\_

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

Please scan this application and email it to [membership@aalu.org](mailto:membership@aalu.org) or send via mail to:

**AALU**  
11921 Freedom Drive  
Suite 1100  
Reston, VA 20190