



**National Speakers Association of North Texas**  
**A Charter Chapter of the National Speakers Association**  
**14070 Proton Road, Suite 100, LB 9**  
**Dallas, Texas 75244**  
**972-233-9107 ext. 201 / 972-490-4219 fax**

## *Yes, sign me up!*

I may not qualify to be a full member just yet, however I feel certain that by participating as an **AFFILIATE** within NSA-NT, I can experience tremendous value in learning from the people in this great educational and networking organization, which is what I must do to join the ranks of the professional speakers.

By enrolling as an **AFFILIATE**, I will be able to attend the monthly NSA-NT meetings at member prices, enjoying the wealth of talent brought to us each month, by some of the finest speakers in NSA. I understand that as an **AFFILIATE** I may also apply for entry into the NSA-NT Speaker's Academy and accelerate the growth of my own speaking career

**(I understand that as an AFFILIATE I will not be a full member of NSA-NT, and therefore I will not qualify to be listed on the NSA-NT website, nor the NSA-NT directory and I may not use the NSA logo.)**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

BUS. PHONE: (    ) \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

SEND NSA/NT MAILINGS TO:    (    ) HOME    (    ) BUSINESS

*Please read carefully before signing:*

**As an AFFILIATE sponsored by NSA-NT, applicants shall abide by NSA-NT regulations, policies, procedures, and bylaws and shall comply with the code of ethics as they are now or may be in the future. In consideration of NSA-NT's review of my application, I hold the NSA-NT officers, directors, employees, agents, or others acting for or on behalf of NSA-NT harmless and release them from any and all liability arising out of the acceptance or rejection of this application and the suspension or termination of this relationship for any reason.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your check for the annual AFFILIATE dues of \$280.00, plus a one-time non-refundable \$25.00 Processing Fee for a total of \$305.00 made payable to NSA-NT and return with this application to: NSA-NT AFFILIATE 14070 Proton Road, Suite 100, LB 9, Dallas, TX 75244. If you pay by credit card you may fax to 972-490-4219. For more information, please call 972-233-9107 ext. 201. Website: [www.speaker.org](http://www.speaker.org)

NAME \_\_\_\_\_ Date \_\_\_\_\_

Paid by:    Check # \_\_\_\_\_ Cash \_\_\_\_\_ VISA/MC \_\_\_\_\_ AMEX \_\_\_\_\_    \$ \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Revised 07/14

**AFFILIATE Dues Payment**