

2019 Regular Membership Application

www.mynst.org

Rolling Calendar Membership. Valid for one year from the month enrolled.

MEMBER INFORMATION - PLEASE PRINT CLEARLY

Name (One Member Per Form) _____ MALE FEMALE

Home Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Has your address changed? Yes No


Phone _____ Mobile _____ Email _____

Fax _____ Date of Birth (Required for Life Insurance) _____

Please Check One: Independent Sales Rep Vendor Employee Employer Other

Brands you Represent _____ **List States in Your Territory** _____


MEMBER BENEFITS

 **NST \$1.5 Million Endowment**
Established through the Two Ten Foundation, fund is available in times of critical need or financial hardship.

 **NST Scholarship Fund**
For members, their children or grandchildren.
Awards up to \$5,000 a year for 4 years, for higher education

 **Tiered life insurance policy**—\$30,000–\$5,000 based on age

 **Complimentary Car Service**
from McCarran Airport to FN Platform

 **Job Opportunities** — emailed directly to your inbox

 **FedEx® Office**
Significant savings on shipments, print & copy services

 **Footwear News**—Discounted Subscriptions

 **Office Depot**—Discounted Purchase Program

 **Apple Store Discount**—2% discount for in-store purchases

 **AT&T Mobile Discount**—8% on monthly service

 **Hertz Business Rewards**
Discounts for business or personal use

PAYMENT INFORMATION

Note: Payments to NST are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be partially deductible under other provisions of the Internal Revenue Code

Membership Fee

Annual dues (Membership for 2019)

Dues are not transferable, refundable, or prorated.....**\$125**

Enclosed is my check, payable to NST. Check # _____

Please Bill My Credit Card: Visa MC AMEX

Name on Card _____

Billing Address _____

City, State, Zip _____

Credit Card # _____

Exp. Date _____ V Code _____ (MC/VISA only; 3 Digits on back of card)

AUTHORIZED SIGNATURE OF NST MEMBER

I certify that the information provided on this application is true and correct. I understand that CHECKING THIS BOX constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. If printing and mailing this form, PLEASE INITIAL HERE _____

All member information is confidential and NST does not share with any company and or individual.

*Return completed form with full payment to:
National Shoe Travelers*