



CYBA Affiliate Membership Application

(Please print or type your details – all requested information must be filled out before submission)

Your Name: _____ Cell Phone: (____) _____

Name of Business: _____ Position: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Email: _____

What are your primary reasons for wanting to join the CYBA? _____

How did you hear about and who referred you to the CYBA? _____

Please provide the name and details for one current CYBA Broker as your sponsor:

Sponsor (CYBA Broker) Name: _____

Email: _____ Phone: _____

Signature: _____ DBW License No.: _____

Membership Class and Fee Schedule

	<u>Initiation Fee</u>	<u>Yearly Dues</u>	<u>TOTAL</u>
Affiliate Member	Jan. - June \$195	\$195	= \$390
	July - Dec. \$195	\$97.50	= \$292.50

NOTE: Please submit check with application. Yearly dues for new applicants are pro-rated for first year only. January through June \$195.00, July through December \$97.50.

Upon approval, I understand that annual CYBA membership dues are billed in December for the forthcoming year and are considered past due on January 30th. I agree that my CYBA membership will be cancelled if my full payment for the New Year is not received by February 15th.

Please email completed application to:

don@cyba.info

Or mail completed application to:

CYBA • 3545 Airway Drive, Suite 112 • Reno, Nevada 89511-1847

(800) 875-2922 • Fax: (775) 353-5111

Applicant's Signature: _____ Date: _____

Thank you. You will be notified once your completed application has been reviewed.

Upon approval, please consider the CYBA Sponsorship Programs that are available to help promote your business to CYBA Brokers and Salespersons.