

Date _____

Company Name _____

Company Street Address _____

Mailing Address (if different) _____

City, ST _____ Zip _____

Telephone(_____) _____ Fax(_____) _____ Your Web Site _____

Owner/Principal Ms. Mr. Mrs. _____

Title of Owner/Principal _____ E-mail _____

Type of Business/Trade _____ No. of Employees _____
(including yourself)

Annual Membership Fee..... \$ 100.00

The annual membership fee will be reduced to \$60.00 if you enroll in any of USFSB's sponsored health or dental insurance, with an effective date within two months of your initial membership. Thereafter, on your membership renewal date, if you are enrolled in any of USFSB's sponsored health or dental insurance your annual membership fee will be \$60.00. If not, it will be \$100.00.

Your Premium Membership gives you the opportunity to save money!

Please visit our website, www.usfsb.com and view the many products and services available to

Premium Members including:

- Heartland Payment Systems (payroll services)
- Heartland Payment Systems (credit card services)
- LOW COST Health Insurance
- Office Products & Supplies Discounts
- International Health Insurance
- Movie Tickets & Resort Discounts
- Discount Prescription Card
- Member-To-Member Discount Program
- Free Web Pages (up to five pages)
- FedEx Shipping Discounts
- Sprint/Nextel Wireless Discounts
- McAfee Security (anti-virus software)
- LOW COST Dental Insurance
- Freightquote.com (discount freight shipping)
- Travel & Car Rental Program
- Collection Services Discounts
- LOW COST Vision Insurance
- USFSB Direct Marketing
- HighBeam Research
- FedEx Kinkos (printing service)

We are confident that you will find your Premium Membership in USFSB to be a valuable asset

JOIN TODAY on our web site: www.usfsb.com

Payment Information MasterCard VISA

Account# _____

Expiration Date (Mo/Yr) _____ / _____

Signature _____

USFSB BROKER NUMBER (IF ANY): _____

Enrollment Information

By Phone: Call 1-800-637-3331 MasterCard and VISA accepted.

By Fax: Fax 1-518-370-4129 or 1-888-568-3823 Complete the Membership Application above, including the credit card information.

By Mail: Complete the Membership Application above and mail your personal or company check to:

USFSB Inc., Attn: Membership Department, 249 Green Street, Schenectady, NY 12305

Office Hours: 9a.m.-5p.m. EST

• **USFSB Use - Received:** _____

• **USFSB Use - Company No.:** _____

Payment must accompany application. Membership dues are deductible as an ordinary business expense. If within 90 days of your initial application you are not completely satisfied with your membership, USFSB will refund the membership dues in full. You must be a dues paying member to obtain and maintain any of USFSB's sponsored insurance.