

PBA Blue Member Application

16476 Wild Horse Creek Rd.
2nd Floor
Chesterfield, MO 63017



I hereby request enrollment as a member of Peoples Benefit Alliance and understand that the dues for standard membership are \$6.00 annually. I also understand that my membership dues are non-refundable, and my failure to remit membership dues will result in loss of eligibility to participate in any of the Association sponsored programs or discounts. PBA Blue is for Veterans and Active Military Personnel only.

Contact Information -Please Print-

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

<input type="checkbox"/> Veteran	<input type="checkbox"/> Active Military Personnel
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Agreement and Signature

I agree to comply with the By-Laws of the Association during my membership enrollment and during the term of my membership in the Association.

Name (printed)	
Signature	
Date	

Payment Information

Please send a check for Annual Payment of \$6.00 made to Peoples Benefit Alliance.

Enclose the form and your dues payment in an envelope, affix a stamp, and mail.

Yes, I want a Peoples Benefit Alliance plan membership

Peoples Benefit Alliance
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Upon payment you will receive a membership kit or access to the membership portion of the website.

If you have further questions please call us at **800.992.8044** go to pbaveterans.com

THIS IS NOT INSURANCE