MEMBER APPLICATION TO TAXPAYERS NETWORK INC.



New/Existing Member Inform	mation — Name of Me	mber Paying	g Dues	
Name:		Social Security Number:		
Business Name (if applicable)	:			
Address:				
City:		State:	ZIP:	
Home Phone:	Work Phone: _			Fax:
If existing member, dues paid	d through:			
☐ Please enroll me as a men I've provided will complete m		ork Inc. (If I	am not ar	n existing member, the information
→ Signature Required:				

Taxpayers Network Inc. is a membership association recognized by the IRS as a 501(c)(4) nonprofit organization. Membership dues, contributions or gifts to Taxpayers Network Inc. are not deductible as charitable contributions for federal income tax purposes. Membership dues for Taxpayers Network Inc. are \$7 per month (\$84 per year). Members receive the educational newsletter <u>Taxpayers Network Quarterly</u> including coupons redeemable for booklets and paperbacks on selected important public issues. Members also receive a valuable package of benefits, discounts and options. Membership dues are subject to change without notice.

Taxpayers Network, Inc. (TNI) agrees to indemnify and defend United Wisconsin Life Insurance Company (UWLIC) Agents/Agencies, their directors, officers, and employees from any and all claims, actions, damages, and other proceedings, together with all costs, including reasonable attorney's fees, arising out of any act, error, or omission by TNI occurring in connection with membership benefits and services, as described in writing in the Member's benefit guide.