



**national roadside
assurance**

Associate member enrollment form

Yes

Enroll my dependent children ages 16 through 23 in the National Roadside Assurance for just \$4.95 a month. I understand membership will not be cancelled without prior notice to me and that I may cancel at any time. Associate membership is contingent upon my continued membership in the auto plan.

Member's Name

Address

City

State

Zip

Email Address

Phone Number

Membership ID Number

Group Number

Signature of Primary Member

Please enroll the following associate members:

Associate Name

Date of Birth (month, day, year)

Associate Name

Date of Birth (month, day, year)

Associate Name

Date of Birth (month, day, year)

Payment method

Charge to: Mastercard® Visa®

Account Number:

Expiration Date:

Signature:

Complete and Return This Form to:

National Roadside Assurance® | 1620 Bond Street | Naperville, IL 60563