



NSBA Smart Points Payout Request

Smart Points Member Information:

This form must be submitted by December 31 of the year following the completion of your youth career.

NSBA Membership #: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

DOB: _____ SS #: _____

Please note: Smart Points Payout will be sent to address listed above.

I understand that if payout exceeds \$600.00, I will receive a 1099 form to submit for tax purposes.

Signature: _____ Date: _____

Please return this completed form to the NSBA office and allow 30 days for processing of your Smart Points Payout.

NSBA | 4203 Grove Avenue | Gurnee, IL 60031
847-623-6722 | 847-625-7435 Fax
www.nsba.com

