

NAIW (INTERNATIONAL)

2009-2010 MEMBERSHIP APPLICATION
800/766-6249



APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED AND DATED

Local Association You Wish To Join: Insurance Professionals of Atlanta

Name, Designation and Mailing Address (print or type): Ms. Mr. Home Office

HQ Use Only

Daytime Phone/EXT: _____

Fax: _____

Email Address: _____

Home Office

Evening Phone: _____ Mobile Phone: _____

Birth Date (MM/DD/YYYY): _____

Employer: _____

Employer's Web Site URL: _____

Brief Job Description : _____

Previous NAIW membership? Yes No Recruited By: _____

If yes, print previous name, association and year: _____

Review NAIW (INTERNATIONAL) Code of Ethics at www.naiw.org > About NAIW > NAIW Code of Ethics

As a member of NAIW (INTERNATIONAL), I agree to adhere to the NAIW Code of Ethics.

Signature of Applicant: _____ Date: _____

NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE AND DATE.

MEMBERSHIP DUES AND PAYMENT -- NAIW (INTERNATIONAL) MEMBERSHIP DUES ARE NONREFUNDABLE

| | |
|-------------------------------------|-----------|
| 2009-2010 NAIW (INTERNATIONAL) DUES | \$ 86.50 |
| 2009-2010 LOCAL ASSOCIATION DUES | \$ 45.00 |
| TOTAL AMOUNT (US DOLLARS) | \$ 131.50 |

PAYMENT METHOD

Check/Money Order number _____ payable to NAIW (US dollars only)

Charge to: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____ CCV: _____

Name: _____ Signature: _____

Billing Address: _____

RETURN FORM WITH PAYMENT TO NAIW, DEPT. 2214, TULSA, OK 74182. OR, FAX TO 918/294-3711.

NAIW (INTERNATIONAL) dues are not allocated or used for lobbying expenses.
Dues payments are not tax deductible as charitable contributions, but may be deductible as ordinary business expenses.

Application Continues on Reverse

NEW MEMBER

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

1. What year did you enter the Insurance &/or Risk Management Industry? _____
2. Primary job function (please check **no more than TWO** which most closely apply):
- | | | | | |
|---|-------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> a Underwriting | <input type="checkbox"/> e Attorney | <input type="checkbox"/> i Risk MGMT | <input type="checkbox"/> m Agent/Broker | <input type="checkbox"/> q Officer |
| <input type="checkbox"/> b Management | <input type="checkbox"/> f MGA | <input type="checkbox"/> j Marketing | <input type="checkbox"/> n Computer Tech | <input type="checkbox"/> r Accounting |
| <input type="checkbox"/> c Claims Adjuster | <input type="checkbox"/> g Actuary | <input type="checkbox"/> k Owner | <input type="checkbox"/> o Customer SERV | <input type="checkbox"/> s Administrative |
| <input type="checkbox"/> d CO Marketing REP | <input type="checkbox"/> h Student | <input type="checkbox"/> l Retired | <input type="checkbox"/> p Other _____ | |
3. Employer (please check **ONE** which most closely applies):
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> a INS. Agency | <input type="checkbox"/> d MGA | <input type="checkbox"/> h Law Firm | <input type="checkbox"/> k Trade Association |
| <input type="checkbox"/> b INS. CO. | <input type="checkbox"/> e Excess/Surplus Lines | <input type="checkbox"/> i Government | <input type="checkbox"/> l Financial Institution |
| <input type="checkbox"/> c Brokerage | <input type="checkbox"/> f Adjusting | <input type="checkbox"/> j Reinsurance | <input type="checkbox"/> m IT |
| <input type="checkbox"/> g Other _____ | | | |
4. Type of business you work in (please check **ALL** that apply):
- a P/C b Life c ACC/Health d Finance e Claims f Other _____
5. Salary range (please check **ONE** that most closely applies):
- a \$10,000 - \$30,000 b \$30,001 - \$60,000 c \$60,001 - \$90,000 d Over \$90,000
6. In your area of employment, do you handle cyber crime issues? Yes No
7. Do you hold a license to sell insurance? Yes No

Is there a company you would recommend NAIW contacting about becoming a Corporate Partner or for advertising purposes?

Contact Name _____ Title _____

Company Name _____

Address _____

City, State and Zip _____

Phone Number _____

Email Address _____

May we reference your name with this contact? Yes No



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The Association of Insurance Professionals