

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED AND DATED

Region or Council You Wish To Join:

Ms Mr

Name, Designations:

Home Office

Mailing Address:

Daytime Phone/EXT:

Fax:

Email Address:

Evening Phone:

Mobile Phone:

Birth Date (MM/DD/YYYY):

Recruited By:

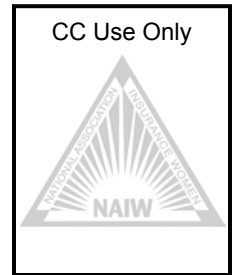
Employer:

Web Site:

Job Description:

Previous NAIW member? Yes No

If yes, 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 (INTERNATIONAL) 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

2010-2011 NAIW (INTERNATIONAL) DUES TOTAL AMOUNT DUE (US DOLLARS) \$ 113.50

NAIW (INTERNATIONAL) LEGACY FOUNDATION CHARITABLE CONTRIBUTION (OPTIONAL CHECK BOX)

\$10.00 \$15.00 \$20.00 \$25.00 Other _____

TOTAL AMOUNT ENCLOSED

[Empty box for total amount enclosed]

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

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: _____

- 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):
3. Employer (please check ONE which most closely applies):
4. Type of business you work in (please check ALL that apply):
5. Salary range (please check ONE that most closely applies):
6. Do you hold a license to sell insurance? Yes No

NEW MEMBER-AT-LARGE