

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED AND DATED

Local Association 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:

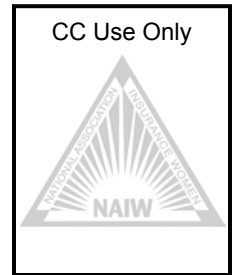
Employer:

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 \$ 86.00

2010-2011 LOCAL ASSOCIATION DUES \$ _____

TOTAL AMOUNT (US DOLLARS) \$ _____

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

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

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):

- | | | | | |
|---|-------------------------------------|--------------------------------------|--|---|
| <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. Do you hold a license to sell insurance? Yes No

NEW MEMBER