

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:

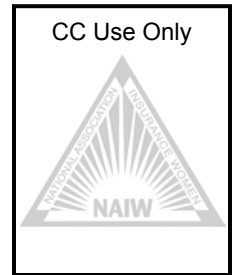
Employer:

Web Site:

Job Description:

Previous NAIW member? Yes No

If yes, name, association and year:



NEW MEMBER

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):

<input type="checkbox"/> a P/C	<input type="checkbox"/> b Life	<input type="checkbox"/> c ACC/Health	<input type="checkbox"/> d Finance	<input type="checkbox"/> e Claims	<input type="checkbox"/> f Other _____
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5. Salary range (please check **ONE** that most closely applies):

<input type="checkbox"/> a \$10,000 - \$30,000	<input type="checkbox"/> b \$30,001 - \$60,000	<input type="checkbox"/> c \$60,001 - \$90,000	<input type="checkbox"/> d Over \$90,000
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6. Do you hold a license to sell insurance? Yes No