

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:

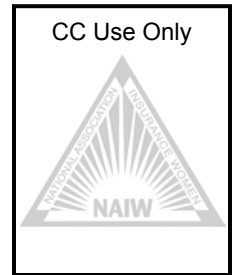
Employer:

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](http://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	\$ 86.50
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):
 

a INS. Agency	d MGA	h Law Firm	k Trade Association
b INS. CO.	e Excess/Surplus Lines	i Government	l Financial Institution
c Brokerage	f Adjusting	j Reinsurance	m IT
	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):
 

a \$10,000 - \$30,000	b \$30,001 - \$60,000	c \$60,001 - \$90,000	d Over \$90,000
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6. Do you hold a license to sell insurance?      Yes      No