

# 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](http://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	\$ 50.00
TOTAL AMOUNT (US DOLLARS)	\$ 136.50

#### 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



**NAIW (INTERNATIONAL)**

The Association of Insurance Professionals