

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

Local Association, Council or Region You Wish To Join: Insurance Professionals of San Joaquin County

Ms Mr

Name, Designations: \_\_\_\_\_

Home Office

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone/EXT: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

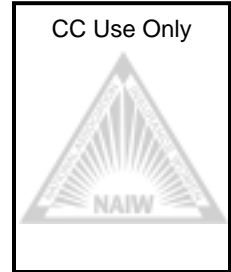
Birth Date (MM/DD/YYYY): \_\_\_\_\_ Recruited By: \_\_\_\_\_

Employer: \_\_\_\_\_ Web Site: \_\_\_\_\_

Job Description: \_\_\_\_\_

Previous NAIW member? Yes No

If yes, name, association and year: \_\_\_\_\_



**NEW MEMBER**

MEMBERSHIP DUES AND PAYMENT -- NAIW (INTERNATIONAL) MEMBERSHIP DUES ARE NONREFUNDABLE

**JOIN AS AN ACTIVE MEMBER IN A LOCAL ASSOCIATION**

2011-2012 NAIW (INTERNATIONAL) DUES	\$ 88.50
2011-2012 LOCAL ASSOCIATION DUES	\$ 25.00
<b>TOTAL AMOUNT (US DOLLARS)</b>	<b>\$ 113.50</b>

**JOIN AS A MEMBER-AT-LARGE (NO LOCAL ASSOCIATION)**

2011-2012 NAIW (INTERNATIONAL) DUES TOTAL AMOUNT DUE (US DOLLARS)	\$ 98.50
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**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):
 

a Underwriting	e Attorney	i Risk MGMT	m Agent/Broker	q Officer
b Management	f MGA	j Marketing	n Computer Tech	r Accounting
c Claims Adjuster	g Actuary	k Owner	o Customer SERV	s Administrative
d CO Marketing REP	h Student	l Retired	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):
 

a P/C	b Life	c ACC/Health	d Finance	e Claims	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