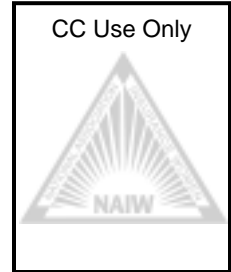


APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

Local Association, Council or Region 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

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	\$ _____
TOTAL AMOUNT (US DOLLARS)	\$ _____

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	
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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