

NAIW (International)

Dept. 2214, Tulsa, OK 74182 – Phone 800/766-6249 – FAX 918/743-1968

2007-2008 Member Application



Please Complete

LOCAL ASSOCIATION YOU WISH TO JOIN: _____

NAME AND PREFERRED MAILING ADDRESS: Ms. Mr. Home Office

HQ Use Only

WORK PHONE: _____ EXT: _____

FAX: _____

PREFERRED EMAIL ADDRESS: _____

Home Office

HOME PHONE: _____ CELL PHONE: _____

BIRTH DATE (MM/YYYY): _____

Please Complete -- Required of All Applicants

EMPLOYER: _____

Employer's Web Site URL: _____

Brief Job Description (required): _____

If you are not directly employed in the insurance or risk management industries, what percentage of time do you spend on insurance related activities? _____

Previous NAIW membership? Yes No Recruited By: _____

If yes, print previous name, association and year: _____

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.

Dues and Payment Information

2007-2008 NAIW (International) DUES \$ **73.50**

2007-2008 LOCAL ASSOCIATION DUES \$ _____

TOTAL AMOUNT DUE (US DOLLARS) \$ _____

Please make check payable to NAIW.
Mail check and form to NAIW, Dept. 2214,
Tulsa, OK 74182. OR complete the Credit
Card information and fax your form to
NAIW 918-743-1968.

MasterCard Visa Exp. Date: _____

Card #: _____

Signature: _____

Print Name on Card: _____

Effective January 1, 2001, credit card payments require an additional 5% convenience fee.

- NAIW (International) dues are not allocated or used for lobbying expenses.
- Dues payments made by members or their companies are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense.

Please Complete Reverse Side

NEW MEMBER

Please Complete - Required of all Applicants

1. WHAT YEAR DID YOU ENTER THE INSURANCE &/OR RISK MANAGEMENT FIELD? _____
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):
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> a \$1,000 - \$15,000 | <input type="checkbox"/> b \$15,001 - \$25,000 | <input type="checkbox"/> c \$25,001 - \$35,000 | <input type="checkbox"/> d \$35,001 - \$45,000 |
| <input type="checkbox"/> e \$45,001 - \$65,000 | <input type="checkbox"/> f \$65,001 - \$85,000 | <input type="checkbox"/> g \$85,001 - MORE | |
6. WOULD YOU LIKE TO RECEIVE "THE CONNECTIONS" ELECTRONICALLY ONLY (EMAIL)? YES NO
7. IN YOUR AREA OF EMPLOYMENT DO YOU HANDLE CYBER CRIME ISSUES? YES NO
8. YOUR AGE GROUP: a 18-24 YRS b 25-30 YRS c 31-40 YRS d 41-64 YRS e 65+ YRS
9. 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)

Association of Choice – Represented by Diversified Professionals

Providing a forum to learn about other disciplines in the insurance industry