

**NAIW (International)**

Dept. 2214, Tulsa, OK 74182 – PHONE 800/766-6249 – FAX 918/743-1968  
2007-2008 Member Application

**Please Complete**

NAME AND PREFERRED MAILING ADDRESS

 Ms.    Mr.    Home    Office

HQ Use Only

LOCAL ASSOCIATION YOU WISH TO JOIN:

WORK PHONE:

EXT:

FAX:

PREFERRED EMAIL ADDRESS:

 Home    Office

HOME PHONE:

CELL PHONE:

EMPLOYER:

Employer's Web Site Address:

BIRTH DATE (MM/YYYY):

**Please Complete -- Required of All Members**

Brief Job Description (required of all members):

If you are not employed in the insurance or risk management industry, what percentage of time do you spend on insurance related activities? \_\_\_\_\_

Any Previous NAIW membership?   Yes    No 

Recruited By: \_\_\_\_\_

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**

<b>2007-2008 NAIW (International) DUES</b>	\$ 73.50
<b>2007-2008 LOCAL ASSOCIATION DUES</b>	\$ 35.00
<b>TOTAL AMOUNT DUE (US DOLLARS)</b>	\$ 108.50

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 charge.**

- 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 New Members**

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"/> UNDERWRITING     | <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> RISK MGMT | <input type="checkbox"/> AGENT/BROKER  | <input type="checkbox"/> OFFICER        |
| <input type="checkbox"/> MANAGEMENT       | <input type="checkbox"/> MGA      | <input type="checkbox"/> MARKETING | <input type="checkbox"/> COMPUTER TECH | <input type="checkbox"/> ACCOUNTING     |
| <input type="checkbox"/> CLAIMS ADJUSTER  | <input type="checkbox"/> ACTUARY  | <input type="checkbox"/> OWNER     | <input type="checkbox"/> CUSTOMER SERV | <input type="checkbox"/> ADMINISTRATIVE |
| <input type="checkbox"/> CO MARKETING REP | <input type="checkbox"/> STUDENT  | <input type="checkbox"/> RETIRED   | <input type="checkbox"/> OTHER _____   |   |
3. EMPLOYER (PLEASE CHECK **ONE** WHICH MOST CLOSELY APPLIES):
- |                                      |   |                                      |  |
|--------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> INS. AGENCY | <input type="checkbox"/> MGA                  | <input type="checkbox"/> LAW FIRM    | <input type="checkbox"/> TRADE ASSOCIATION     |
| <input type="checkbox"/> INS. CO.    | <input type="checkbox"/> EXCESS/SURPLUS LINES | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> FINANCIAL INSTITUTION |
| <input type="checkbox"/> BROKERAGE   | <input type="checkbox"/> ADJUSTING            | <input type="checkbox"/> REINSURANCE | <input type="checkbox"/> IT                    |
| <input type="checkbox"/> OTHER _____ |   |                                      |  |
4. TYPE OF BUSINESS YOU WORK IN (PLEASE CHECK **ALL** THAT APPLY):
- P/C     LIFE     ACC/HEALTH     FINANCE     CLAIMS     OTHER \_\_\_\_\_
5. SALARY RANGE (PLEASE CHECK **ONE** THAT MOST CLOSELY APPLIES):
- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$1,000 - \$15,000  | <input type="checkbox"/> \$15,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$35,000 | <input type="checkbox"/> \$35,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$65,000 | <input type="checkbox"/> \$65,001 - \$85,000 | <input type="checkbox"/> \$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. 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.*