

IAIP MEMBERSHIP APPLICATION

JOIN FASTER! APPLY
AND PAY ONLINE:

www.insuranceprofessionals.org



What type of membership are you seeking? Choose only one.

- ☐ Active member of a local association ☐ Student member of a local association
☐ Member-at-large (no local association membership) ☐ Student member-at-large

Local association you wish to join (if applicable): _____

Council and/or Region you wish to join (if applicable): _____

Contact information: ☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr.

Name (include designations): _____

Preferred mailing address: _____

Is this your home or business address? ☐ Home ☐ Business

Email address: _____

Alternate email address: _____

Mobile phone: _____ Evening phone: _____

Birthdate (mm/dd/yyyy): _____ Recruited by: _____

Business name: _____

Business web site: _____

Business phone: _____ Fax: _____

Job description: _____

Previous member? ☐ yes ☐ no If yes, previous name, association and year: _____

Membership Type and Dues (US Currency) Choose either MAL, or Active + Local, or Student below.

- | | |
|--|-------------------|
| <input type="checkbox"/> Member-at-Large dues..... | AMOUNT DUE \$ 124 |
| <input type="checkbox"/> Active member dues (must also include local dues below)..... | AMOUNT DUE \$ 124 |
| <input type="checkbox"/> Local association dues (write in the appropriate amount)..... | AMOUNT DUE \$ |
| <input type="checkbox"/> Student dues..... | AMOUNT DUE \$ 93 |
| Local dues can be found here: www.insuranceprofessionals.org/?page=dues | |
| TOTAL DUE \$ | |

Legacy Foundation charitable donation (optional)

☐ \$10 ☐ \$15 ☐ \$20 ☐ \$25 ☐ Other: \$ TOTAL AMOUNT ENCLOSED \$

Student members only complete the following:

Name of school: _____

Expected graduation date: _____

PAYMENT METHOD

- ☐ Check/Money Order payable to IAIP (US Currency)
☐ Credit card: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

Card number: _____ Exp. Date: _____

Name on card: _____ CCV: _____

Signature: _____

Billing Address: _____

Thank you for joining.

Notice of receipt of your application and dues, along with your local association's local dues, will be sent to your local association. A listing of local dues can be found on our web site: insuranceprofessionals.org.

If you have questions, please call 800.766.6249. We look forward to having you as a member.

Submit completed application with payment to:

International Association of Insurance Professionals
2501 Jolly Road
Suite 110
Okemos, MI 48864

Legacy Foundation donations can be included in your total dues payment.

Membership within IAIP belongs to the individual who originally joins the association, rather than the employing organization. Membership dues are non-refundable and are due annually on the anniversary date of acceptance. Dues quoted are effective July 1, 2025 through June 30, 2026. Application expires June 30, 2026.