



**JOIN FASTER! APPLY AND PAY ONLINE:**  
[www.insuranceprofessionals.org](http://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	\$ 101.50
<input type="checkbox"/> Active member dues (must also include local dues below).....	AMOUNT DUE	\$ 101.50
<input type="checkbox"/> Local association dues (write in the appropriate amount).....	AMOUNT DUE	\$
<input type="checkbox"/> Student dues.....	AMOUNT DUE	\$ 76.00
Local dues can be found here: <a href="http://www.insuranceprofessionals.org/?page=dues">www.insuranceprofessionals.org/?page=dues</a>		<b>TOTAL DUE</b>
		<b>\$</b>

**Legacy Foundation charitable donation (optional)**

- \$10     \$15     \$20     \$25     Other: \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$**

**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](http://insuranceprofessionals.org).*

*If you have questions, please call 800.766.6249 extension 2 to speak with the Director of Membership. We look forward to having you as a member.*

*Submit completed application with payment to:*

**International Association of Insurance Professionals**  
 3525 Piedmont Road  
 Building Five, Suite 300  
 Atlanta, GA 30305  
 or via fax: 404.240.0998

*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, 2019 through June 30, 2020. Application expires June 30, 2020.*



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**Student members only complete the following:**

Name of school: \_\_\_\_\_  
Expected graduation date: \_\_\_\_\_

**DEMOGRAPHICS SECTION**

What year did you enter the Insurance, Risk Management, or Support Industry? \_\_\_\_\_

Primary job function (please check no more than **two** which most closely apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Underwriting    | <input type="checkbox"/> Student         | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Management      | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Officer          |
| <input type="checkbox"/> Claims Adjuster | <input type="checkbox"/> Marketing/Comm. | <input type="checkbox"/> Accounting       |
| <input type="checkbox"/> Marketing Rep.  | <input type="checkbox"/> Owner           | <input type="checkbox"/> Administration   |
| <input type="checkbox"/> Attorney        | <input type="checkbox"/> Retired         | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> MGA             | <input type="checkbox"/> Agent/Broker    | _____                                     |
| <input type="checkbox"/> Actuary         | <input type="checkbox"/> Computer Tech   | _____                                     |

Employer (please check **one** which most closely applies):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Insurance Agency     | <input type="checkbox"/> Adjusting         | <input type="checkbox"/> Financial Institution |
| <input type="checkbox"/> Insurance Company    | <input type="checkbox"/> Law Firm          | <input type="checkbox"/> IT                    |
| <input type="checkbox"/> Brokerage            | <input type="checkbox"/> Government        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> MGA                  | <input type="checkbox"/> Reinsurance       | _____  |
| <input type="checkbox"/> Excess/Surplus Lines | <input type="checkbox"/> Trade Association | _____  |

Type of business you work in (please check **all** that apply):

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> ACC/Health | <input type="checkbox"/> Claims       |
| <input type="checkbox"/> Life              | <input type="checkbox"/> Finance    | <input type="checkbox"/> Other: _____ |

Salary range (please check **one** that most closely applies).

*This is a private response and **cannot** be viewed by other members.*

- \$10,000 - \$30,000     \$30,001 - \$60,000     \$60,001 - \$90,000     Over \$90,000

Do you hold a license to sell insurance?  Yes  No

Are you a Gamma Iota Sigma (GIS) alum?  Yes  No

Are you interested in the IAIP Mentoring Program?  Yes, as a mentee     Yes, as a mentor     No

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