



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.

- Member-at-Large dues..... AMOUNT DUE \$ 103.00
 Active member dues (must also include local dues below)..... AMOUNT DUE \$ 103.00
 Local association dues (write in the appropriate amount)..... AMOUNT DUE \$ _____
 Student dues..... AMOUNT DUE \$ 77.00

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 \$ _____**

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 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, 2020 through June 30, 2021. Application expires June 30, 2021.



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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="text"/> |
| <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="text"/> |
| <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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