

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

Local Association, Council or Region You Wish To Join: Honolulu Association of Insurance Professionals

Ms Mr

Name, Designations:

Home Office

Mailing Address:

CC Use Only



Daytime Phone/EXT:

Fax:

Email Address:

Evening Phone:

Mobile Phone:

Birth Date (MM/DD/YYYY):

Recruited By:

Employer:

Web Site:

Job Description:

Previous NAIW member? Yes No

If yes, name, association and year:

MEMBERSHIP DUES AND PAYMENT -- NAIW (INTERNATIONAL) MEMBERSHIP DUES ARE NONREFUNDABLE

JOIN AS AN ACTIVE MEMBER IN A LOCAL ASSOCIATION

Table with 2 columns: Description and Amount. Rows include 2011-2012 NAIW (INTERNATIONAL) DUES (\$ 88.50), 2011-2012 LOCAL ASSOCIATION DUES (\$ 41.00), and TOTAL AMOUNT (US DOLLARS) (\$ 129.50).

JOIN AS A MEMBER-AT-LARGE (NO LOCAL ASSOCIATION)

Table with 2 columns: Description and Amount. Row includes 2011-2012 NAIW (INTERNATIONAL) DUES TOTAL AMOUNT DUE (US DOLLARS) (\$ 98.50).

NAIW (INTERNATIONAL) LEGACY FOUNDATION CHARITABLE CONTRIBUTION (OPTIONAL CHECK BOX)

\$10.00 \$15.00 \$20.00 \$25.00 Other

TOTAL AMOUNT ENCLOSED

Empty box for total amount enclosed.

RETURN FORM WITH PAYMENT TO NAIW, DEPT. 2214, TULSA, OK 74182. OR, FAX TO 918/294-3711

PAYMENT METHOD

Check/Money Order number payable to NAIW (US dollars only)

Charge to: American Express Discover MasterCard Visa

Card Number:

Expiration Date:

CCV:

Name:

Signature:

Billing Address:

1. What year did you enter the Insurance &/or Risk Management Industry?

2. Primary job function (please check no more than TWO which most closely apply):

- Grid of job function options: a Underwriting, b Management, c Claims Adjuster, d CO Marketing REP, e Attorney, f MGA, g Actuary, h Student, i Risk MGMT, j Marketing, k Owner, l Retired, m Agent/Broker, n Computer Tech, o Customer SERV, p Other, q Officer, r Accounting, s Administrative.

3. Employer (please check ONE which most closely applies):

- Grid of employer options: a INS. Agency, b INS. CO., c Brokerage, d MGA, e Excess/Surplus Lines, f Adjusting, g Other, h Law Firm, i Government, j Reinsurance, k Trade Association, l Financial Institution, m IT.

4. Type of business you work in (please check ALL that apply):

- Grid of business types: a P/C, b Life, c ACC/Health, d Finance, e Claims, f Other.

5. Salary range (please check ONE that most closely applies):

- Grid of salary ranges: a \$10,000 - \$30,000, b \$30,001 - \$60,000, c \$60,001 - \$90,000, d Over \$90,000.

6. Do you hold a license to sell insurance? Yes No

NEW MEMBER