



CORPORATE PARTNER PROGRAM

Corporate Partnership – designed to welcome and recognize those businesses interested in partnering with local associations belonging to NAIW.

Eligibility - businesses involved in risk management and the insurance industry.
- businesses who provide a product or service related to the insurance industry.

Benefits – listed as corporate partner in the local membership roster.
Website Ad (additional fee will be charged for formatting or scanning ad).
Distribute literature at membership meeting
Product presentation at local meeting (number of presenters and length of time at discretion of local association).
Introduction at monthly meeting, if present.
Thank you notes and listing in programs for their support.
HAIP/NAIW education at member prices.
Subscription to Today's Insurance Professionals.
Ad in local association newsletter (ad must be camera ready).
Can attend all HAIP/NAIW functions at member prices.

Fees - \$100 – 1 to 50 employees
\$300 – 51 to 100 employees
\$500 – 101 + employees

Note - No corporate partner can ever serve in an appointed or elected leadership role.

Log onto our website at www.haipro.org for updates and application

To apply for a **Corporate Partnership**, complete the following and return to HAIP at:

P. O. Box 91; Honolulu, HI 96810; Attn: Corporate Partner Coordinator

Corporate Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Position: _____

Phone number: _____

E-mail address: _____

Company description: _____

Web site address: _____

I would like to apply for **Corporate Partnership**:

___ \$100.00 - 1 to 50 employees

___ \$300.00 - 51 to 100 employees

___ \$500.00 - 101 + employees

Payment:

I have enclosed check number _____

*By signing this application, I understand my **Corporate Partnership** begins upon receipt of a confirmation letter from HAIP. I am responsible for supplying HAIP with a black and white advertisement for Aloha Notes, promotional mailing material, and understand my other member benefits are available upon request. I authorize HAIP to send me written and electronic information regarding my benefits and HAIP/NAIW programs. Our affiliation with HAIP/NAIW does not guarantee remuneration of any kind.*

Signature: _____

Date: _____