

APPLY ONLINE. PAY ONLINE. [www.insuranceprofessionals.org/?page=join\\_iaip](http://www.insuranceprofessionals.org/?page=join_iaip)

**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 (dd/mm/yyyy): \_\_\_\_\_ Recruited by: \_\_\_\_\_

Business name: \_\_\_\_\_

Business web site: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Job description: \_\_\_\_\_

Previous member?     yes     no    If yes, previous name, association and year: \_\_\_\_\_

**Student members only complete the following:**

Name of school: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

**Membership Dues and Payment (US Currency) Choose all that apply.**

- |  |                  |           |       |
|--|------------------|-----------|-------|
| <input type="checkbox"/> Member-at-Large and Active member dues .....                  | AMOUNT DUE       | \$        | 96.00 |
| <input type="checkbox"/> Student dues.....   | AMOUNT DUE       | \$        | 72.00 |
| <input type="checkbox"/> Local association dues (write in the appropriate amount)..... | AMOUNT DUE       | \$        |       |
|  | <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: \_\_\_\_\_

**This application continues on page two.**



International Association of

**Insurance Professionals**

*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, 2015 through June 30, 2016. Application expires June 30, 2016.*



*All information is required of members. Please complete all sections of the application.*

## 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.*

- |  |  |
|--|--|
| <input type="checkbox"/> \$10,000 - \$30,000 | <input type="checkbox"/> \$60,001 - \$90,000 |
| <input type="checkbox"/> \$30,001 - \$60,000 | <input type="checkbox"/> Over \$90,000       |

Do you hold a license to sell insurance?  Yes  No

Would you like to be included in the **Insurance Connections Place**?  Yes  No

*If you answered **yes**, you will receive a free listing in the Insurance Connections Place found online at [www.insconnectionsplace.com](http://www.insconnectionsplace.com). You may be contacted in the future with available options to enhance your free listing. Please answer the questions in the section below for your free basic directory listing. If you answered **no**, you can disregard this section of the application.*

Please list the following exactly how you would like for them to appear in the Insurance Connections Place directory profile listing:

Company name: \_\_\_\_\_

Company mailing address: \_\_\_\_\_

Company phone: \_\_\_\_\_

Please select a category that best applies to your business:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accident & Health            | <input type="checkbox"/> Education services        | <input type="checkbox"/> Personal lines          |
| <input type="checkbox"/> Accountants                  | <input type="checkbox"/> Financial services        | <input type="checkbox"/> Property & Casualty     |
| <input type="checkbox"/> Agencies & Brokers           | <input type="checkbox"/> Flood insurance           | <input type="checkbox"/> Recruitment & Staffing  |
| <input type="checkbox"/> Auto & other vehicles        | <input type="checkbox"/> Forensic engineering      | <input type="checkbox"/> Reinsurance             |
| <input type="checkbox"/> Background checks            | <input type="checkbox"/> General lines             | <input type="checkbox"/> Restoration             |
| <input type="checkbox"/> Business process outsourcing | <input type="checkbox"/> Health care plans         | <input type="checkbox"/> Security                |
| <input type="checkbox"/> Certified fraud examiners    | <input type="checkbox"/> Human resources           | <input type="checkbox"/> Special events          |
| <input type="checkbox"/> Claims administration        | <input type="checkbox"/> Inspections               | <input type="checkbox"/> Surety bonding services |
| <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Inventory management      | <input type="checkbox"/> Third party consulting  |
| <input type="checkbox"/> Communications/PR            | <input type="checkbox"/> Legal services            | <input type="checkbox"/> Title insurance         |
| <input type="checkbox"/> Compliance regulation        | <input type="checkbox"/> Licensing services        | <input type="checkbox"/> Umbrella                |
| <input type="checkbox"/> Continuing education         | <input type="checkbox"/> Life Insurance            | <input type="checkbox"/> Underwriting services   |
| <input type="checkbox"/> Owner                        | <input type="checkbox"/> Life settlements provider | <input type="checkbox"/> Web site design         |
| <input type="checkbox"/> Crop Insurance               | <input type="checkbox"/> Management consulting     | <input type="checkbox"/> Worker's compensation   |
| <input type="checkbox"/> Cyber crime                  | <input type="checkbox"/> Marketing/social media    | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Disaster recovery            | <input type="checkbox"/> Paramedical services      | _____  |

*Our online business directory the **Insurance Connections Place**, is the go-to directory of insurance and risk management business resources. To view the directory go to [insconnectionsplace.com](http://insconnectionsplace.com).*

*As an IAIP member, you receive a basic Insurance Connections Place listing as a free member benefit to help promote your company or organization.*