

NATIONAL ASSOCIATION OF INSURANCE WOMEN (INT'L)
Department 2214, Tulsa, OK 74182 – PHONE 800/766-6249 – FAX 918/743-1968
2004-2005 Member Application



Please complete.

NAME AND PREFERRED MAILING ADDRESS

Home

Office

- Ms
- Mr

HQ Use Only

LOCAL ASSOCIATION YOU WISH TO JOIN:

WORK PHONE:

EXT:

FAX:

PREFERRED EMAIL ADDRESS:

Home

Office

HOME PHONE:

CELL PHONE:

EMPLOYER:

Employers' Web Site address:

Please Complete. Required of All Members

Brief Job Description: (required of all members) _____

If you are not employed in the insurance or risk management industry, what percentage of time do you spend on insurance related activities? _____

Any Previous NAIW membership? Yes No

Recruited By: _____

Signature of Applicant _____

Date: _____

Note: application will not be processed without signature and date.

Dues and Payment Information

2004-2005 NAIW DUES \$ 66.50

2004-2005 LOCAL ASSOCIATION DUES \$ 25.00

TOTAL AMOUNT DUE (US DOLLARS) \$ 91.50

Please make check payable to IWVC.
Mail check & form to IWVC,
PO Box 2217,
Ventura, CA 93002.

- NAIW's dues are not allocated or used for lobbying expenses.
- Dues payments made by members or their companies are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense.

Please Complete Reverse Side

NEW MEMBER

Please Complete. Required of all Members.

1. WHAT YEAR DID YOU ENTER THE INSURANCE &/OR RISK MANAGEMENT FIELD? _____
2. PRIMARY JOB FUNCTION (PLEASE CHECK **NO MORE THAN TWO** WHICH MOST CLOSELY APPLY):
- | | | | | |
|--|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> RISK MGMT. | <input type="checkbox"/> AGENT/BROKER | <input type="checkbox"/> OFFICER |
| <input type="checkbox"/> MANAGEMENT | <input type="checkbox"/> MGA | <input type="checkbox"/> MARKETING | <input type="checkbox"/> COMPUTER TECH | <input type="checkbox"/> ACCOUNTING |
| <input type="checkbox"/> CLAIMS ADJUSTER | <input type="checkbox"/> ACTUARY | <input type="checkbox"/> OWNER | <input type="checkbox"/> CUSTOMER SERV. | <input type="checkbox"/> ADMINISTRATIVE |
| | <input type="checkbox"/> STUDENT | <input type="checkbox"/> RETIRED | <input type="checkbox"/> OTHER | _____ |
3. EMPLOYER (PLEASE CHECK **ONE** WHICH MOST CLOSELY APPLIES):
- | | | | |
|--------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> INS. AGENCY | <input type="checkbox"/> MGA | <input type="checkbox"/> LAW FIRM | <input type="checkbox"/> TRADE ASSOCIATION |
| <input type="checkbox"/> INS. CO. | <input type="checkbox"/> EXCESS/SURPLUS LINES | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> FINANCIAL INSTITUTION |
| <input type="checkbox"/> BROKERAGE | <input type="checkbox"/> ADJUSTING | <input type="checkbox"/> REINSURANCE | <input type="checkbox"/> IT |
| | <input type="checkbox"/> OTHER | _____ | |
4. TYPE OF BUSINESS YOU WORK IN (PLEASE CHECK **ALL** THAT APPLY):
- P/C LIFE ACC/HEALTH FINANCE INT'L OTHER _____
5. WOULD YOU LIKE TO RECEIVE "THE NAIW CONNECTIONS" ELECTRONICALLY ONLY (EMAIL)? YES NO
6. IN YOUR AREA OF EMPLOYMENT DO YOU HANDLE CYBER CRIME ISSUES? YES NO
7. PLEASE LIST THREE CHALLENGES YOU FACE IN YOUR JOB ON A DAILY BASIS. FOR EXAMPLE:
HOW TO KEEP ABREAST OF ADVANCING TECHNOLOGY.
HOW TO HANDLE MULTI-TASKING IN VIEW OF COMPANY DOWNSIZING.
1. _____
2. _____
3. _____
8. IS THERE A COMPANY YOU WOULD RECOMMEND NAIW CONTACTING ABOUT BECOMING A CORPORATE PARTNER OR FOR ADVERTISING PURPOSES?
- CONTACT NAME: _____ (TITLE) _____
- COMPANY NAME _____
- ADDRESS _____
- CITY, STATE AND ZIP _____
- PHONE NUMBER _____
- MAY WE USE YOUR NAME? YES NO



National Association of Insurance Women (International)

Association of Choice – Represented by Diversified Professionals

Providing a forum to learn about other disciplines in the insurance industry