

# IAIP MEMBERSHIP APPLICATION

JOIN FASTER! APPLY  
AND PAY ONLINE:

[www.insuranceprofessionals.org](http://www.insuranceprofessionals.org)



International  
Association of

**Insurance  
Professionals™**

## 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.

- |  |            |    |        |
|--|------------|----|--------|
| <input type="checkbox"/> Member-at-Large dues.....                                     | AMOUNT DUE | \$ | 104.50 |
| <input type="checkbox"/> Active member dues (must also include local dues below).....  | AMOUNT DUE | \$ | 104.50 |
| <input type="checkbox"/> Local association dues (write in the appropriate amount)..... | AMOUNT DUE | \$ |        |
| <input type="checkbox"/> Student dues.....   | AMOUNT DUE | \$ | 78.50  |

Local dues can be found here: [www.insuranceprofessionals.org/?page=dues](http://www.insuranceprofessionals.org/?page=dues)

**TOTAL DUE**    \$ \_\_\_\_\_

## Legacy Foundation charitable donation (optional)

\$10     \$15     \$20     \$25     Other: \$ \_\_\_\_\_    **TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

## Student members only complete the following:

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

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

## 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](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**  
One Glenlake Parkway, NE  
Suite 1200  
Atlanta, GA 30328  
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, 2021 through June 30, 2022. Application expires June 30, 2022.*