**Membership Application**

New Renewal

Please complete the form below. The annual membership fee is $75.

If IWM is **not** your Primary Association (Ref. question 6), membership fee is $25.

# MIP

# P O Box 834

**Arlington TX 76004-0834**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Member Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Designations: | | |
| Employer: | | Work Phone: | | |
| Work Address: | City: | State: | | Zip: |
| Preferred **Email** Address: | | | | |
| Home Address | City: | State: | | Zip: |
| Mobile Phone: | Home Phone: | | Birthday (mm/dd): | |

Preferred **Mailing** Address (check one): ☐ Work ☐ Home

# Member Profile

1. Number of years employed in the insurance industry

☐ 0-5 ☐ 6-10 ☐ 11-15 ☐16-20 ☐ 21-25 ☐ 26-30 ☐ 30+

1. Job function (Check the **one** that most closely applies)
   * CSR ☐Agency Owner ☐Producer ☐ Adjuster ☐ Accounting ☐ Claims

☐Underwriting ☐Premium Finance ☐Risk Management ☐ Marketing ☐ Clerical ☐ Other

* + Check here if you have Accounting experience (or have been a Local Association Treasurer for two years) and would consider serving on the Budget/Audit Committee.

1. Type of employer

☐Agency ☐ General Agency ☐ Insurance Company ☐ Premium Finance ☐ Retired

☐Adjusting Firm ☐ Trade Association ☐ Glass Company ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Mark the type of insurance or related fields you handle. (Check all that apply.)
   * Property/Casualty ☐Premium Finance ☐ Life/Accident/Health ☐ Annuities

☐Risk Management ☐ Adjusting ☐ Other

1. Indicate the type of insurance license(s) you currently hold.
   * GL-PC ☐PL-PC ☐ ISR ☐ GL-LH ☐ Adjuster ☐ Risk Manager ☐Not Applicable
2. Do you or your employer belong to other associations? ☐No ☐ Yes (If yes please mark all that apply)
   * IIAT ☐ TSLA ☐ NAIW ☐ AIAT ☐ PIA Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Primary FIWT Association \_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Please let us know the top reason you decided to join IWM
   * Education ☐ Networking ☐ Leadership ☐ Industry Support ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you under 40 years of age (to be included with the FIWT Under 40 group): ☐ Yes ☐ No
5. Are you interested in serving on a committee? ☐ Yes ☐ No

Select committee interest:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Communication | | Community Service | | Constitution/By-Laws | | FIWT Events Coordinator | |
| Publicity | Scholarship | | Ways & Means | | Web Administrator | | Welcoming |

1. License number (required for CE class filing) ☐Grandfathered ☐Not Applicable
2. Do we have your approval to use photos which may include you on Facebook and other marketing materials for IWM or FIWT? ☐ Yes ☐ No

Thank you!