

## **Membership Application**

Please complete the form below and return it with the \$50 (fifty dollars) annual membership fee.

Date:	Local Association:
<u>Memb</u>	er Contact Information
Name: _	Designations:
Employe	er: Work Phone:
Work Ac	ddress: State: Zip:
Preferre	d Email Address:
Home A	ddress: State:Zip:
Cell Pho	one: Birthday (month/day):
Memb	er Profile
1)	Number of years employed in the insurance industry  □ 0-5 □ 6-10 □ 11-15 □ 16-20 □ 21-25 □ 26-30 □ 30+
2)	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 and would consider serving on the Budget/Audit Committee.
3)	Type of employer □ Agency □ General Agency □ Insurance Company □ Premium Finance □ Retired □ Adjusting Firm □ Trade Association □ Glass Company □ Other
4)	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
5)	Indicate the type of insurance license(s) you currently hold.  □ GL-PC □ PL-PC □ ISR □ GL-LH □ Adjuster □ Risk Manager
6)	Do you or your employer belong to other associations? □ IIAT □ TSLA □ NAIW □ AIAT □ PIA □ Other
7)	Please let us know the top reason you would like to join FIWT.  □ Education □ Networking □ Leadership □ Industry Support □ Other
8)	Have you ever been a member of FIWT before? ☐ Yes ☐ No
9)	Are you under 40 years of age (to be included with the FIWT Under 40 group): ☐ Yes ☐ No
10)	Are you interested in serving on a committee?   Yes No Which committee or what is your area of preference:
11)	License number (optional for CE class filing)
12)	Do we have your approval to use photos which may include you on FaceBook and other marketing materials for FIWT?   Yes   No