



# Membership Application

2616 Portland Avenue  
College Station, TX 77845

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

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

Local Association: \_\_\_\_\_

## Member Contact Information

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Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Birthday (month/day): \_\_\_\_\_

## Member Profile

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- 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

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Thank you for joining FIWT! If you have any additional questions  
please contact the FIWT Executive Office at 469-362-5777 or [fiwt@msn.com](mailto:fiwt@msn.com)