



MEMBERSHIP APPLICATION

Please complete the form below and return it with \$40 (forty dollars) for the Individual membership to:

FIWT, 2831 E Eldorado Parkway, Suite 103-192, Frisco, TX 75034, Phone (800) 856-6677

MEMBER INFORMATION:

Date: _____

Name: _____ Designations: _____

Employer: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ Home: _____

Email: _____ Website Address: _____

YOUR PROFILE INFORMATION

- 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 Mgmt 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) Professional designations you currently hold.
 AAI ACSR Dual ACSR ARM AU CAM CIC
 CISR CPCU PIMT/PIWT Other _____
- 7) Do you or your employer belong to other associations?
 IIAT TSLA NAIW AIAT PIA Other _____
- 8) Please let us know the top reason you would like to join FIWT.
 Education Networking Leadership Industry Support Other _____
- 9) Have you ever been a member of FIWT before? Yes No
- 10) Optional: Please provide License number _____