



Membership Application

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

Member Contact Information

Referred by: _____

Date: _____

Local Association: _____

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

- 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