

**NAIW DALLAS, INC. member of
NATIONAL ASSOCIATION OF INSURANCE WOMEN
(INTERNATIONAL)
8828 Stemmons Frwy -#340 Dallas, TX 75247
PHONE 214-638-7000**



Please complete.

7-1-2010-2011 Corporate Partner Application
NAME AND PREFERRED MAILING ADDRESS

- Office
- Business Name

Associates attending NAIW Functions:

- Ms
- Mr

PREFERRED EMAIL ADDRESS:

Office

BUSINESS PHONE:

FAX:

Employers' Web Site address:

Please Complete - Required of All Partners

Brief Description of Your Business: (required)

What percentage of time do you spend on insurance related activities?

Are You a National Corporate Partner? Yes No Recruited By:

As a local corporate partner of NAIW (International), you agree to adhere to the NAIW's Code of Ethics.

Signature/Title of Applicant: _____ Date: _____

Note: application will not be processed without signature and date.

Dues and Payment Information

\$250.00 annually

Please make check payable to: **NAIW Dallas, Inc.**

Mail check and form to:

**S. Lowry, 8828 Stemmons Frwy, #340
Dallas, TX 75247.**

- *NAIW's dues are not allocated or used for lobbying expenses.*
- *No corporate partner can ever serve in an appointed or elected leadership role within the association.*
- *Can attend all local NAIW functions at member prices*
- *Dues payments made by members or their companies are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense.*

Please Complete - Required of all Partners.

LOCAL CORPORATE PARTNER

1. WHAT YEAR DID YOUR BUSINESS ENTER THE INSURANCE &/OR RISK MANAGEMENT FIELD?

2. PRIMARY BUSINESS FUNCTION (PLEASE CHECK **NO MORE THAN TWO** WHICH MOST CLOSELY APPLY):

UNDERWRITING	ATTORNEY	RISK MGMT.	AGENT/BROKER	OFFICER
MANAGEMENT	MGA	MARKETING	COMPUTER TECH	ACCOUNTING
CLAIMS ADJUSTER	ACTUARY	OWNER	CUSTOMER SERV.	ADMINISTRATIVE

CLAIMS ATTORNEY STUDENT RETIRED OTHER _____

3. BUSINESS (PLEASE CHECK **ONE** WHICH MOST CLOSELY APPLIES):

INS. AGENCY	MGA	LAW FIRM	TRADE ASSOCIATION
INS. CO.	EXCESS/SURPLUS LINES	GOVERNMENT	FINANCIAL INSTITUTION
BROKERAGE	ADJUSTING	REINSURANCE	IT

OTHER _____

4. TYPE OF BUSINESS YOU WORK IN (PLEASE CHECK **ALL** THAT APPLY):

P/C LIFE ACC/HEALTH FINANCE INT'L OTHER _____

5. WOULD YOU LIKE TO RECEIVE "THE CONNECTIONS" ELECTRONICALLY ONLY (EMAIL)? YES NO
6. IN YOUR AREA OF EMPLOYMENT DO YOU HANDLE CYBER CRIME ISSUES? YES NO
7. WOULD YOU PARTICIPATE IN A SPECIAL FOCUS GROUP FOR THOSE RETIRED? YES NO
8. WOULD YOU PARTICIPATE IN A SPECIAL FOCUS GROUP FOR THOSE UNDER 40? YES NO
9. IS THERE A COMPANY YOU WOULD RECOMMEND NAIW DALLAS CONTACT ABOUT BECOMING A LOCAL CORPORATE PARTNER OR FOR ADVERTISING PURPOSES?

CONTACT NAME _____ (TITLE) _____

COMPANY NAME _____

ADDRESS _____

CITY, STATE AND ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

MAY WE USE YOUR NAME? YES NO



NAIW Dallas, Inc

The Association of Insurance Professionals

Providing a forum to learn about other disciplines in the insurance industry