



ASSOCIATE MEMBER APPLICATION

An Associate Member is an insurance company, reinsurance company, reinsurance intermediary, Lloyds Broker, underwriter manager or syndicate of an exchange authorized to do business within or accept business from the State of California and whose principal activity is to support the wholesale insurance system.

Company _____

Street: _____ City: _____ ST: _____ Zip: _____

Mailing Address (if different): _____

Telephone: _____ FAX: _____ Web: _____

Contact Person(s) For Your Firm: _____

Direct Phone & Extension: _____ Email _____

Compliance Department Contact: _____

Are You A Member Of: ___ NAPSLO ___ AAMGA ___ OTHER _____

CLASSIFICATION OF YOUR ORGANIZATION (i.e. Company, Reinsurer, Lloyd's Broker etc.)

PLEASE LIST AGENTS OR BROKER YOU DO BUSINESS WITH OR WHO REPRESENT YOU IN CALIFORNIA (This is optional): _____

Please include payment of \$775.00 Annual dues. Membership expires June 30, 2012.
Note: 93% of your dues are allocated to support legislation benefiting the California Insurance Wholesaler, the insurance companies they do business with and the vendors that serve them. Therefore 7% of your dues are tax deductible.

Signature _____ Date _____

Print Name and Title: _____

PAYMENT OPTIONS

Visa Master Card Am Express Check (payable to CIWA) # _____

Card No. _____ VCode _____

Name of Cardholder _____ Exp. Date _____

Billing Add _____ City _____ ST _____ Zip _____

Signature (required) _____