

Membership Application

FIWT? Yes No

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

2831 E Eldorado Parkway Suite 103-1921 Frisco, TX 75033

Date:	Local Association:
Memb	er Contact Information
Name: _	Designations:
Employe	er: Work Phone:
Work Ad	ddress: City: State:Zip:
Preferre	d Email Address:
Home A	ddress: City: State:Zip:
Cell Pho	one: Birthday (month/day):
Memb	er Profile
1)	
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 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