



Association of Insurance Compliance Professionals

AICP Renewal Application FOR MEMBERSHIP
QUESTIONS: Contact AICP at 703-234-4074 ext. 4085 or 4071

Office Use Only

AICP Industry and Associate Membership Dues are \$190 for Calendar Year 2012
AICP Regulator Membership Dues are \$50 for Calendar Year 2012

Checks should be made payable to "AICP" and mailed to:
Wachovia / AICP, P.O. Box 758938, Baltimore, MD 21275-8938
Note: You may also renew your membership at www.aicp.net. Click Members Only and then Membership Renewal

Member/Attendee Photo Policy: It is the Association's policy that all photographs and other recordings of any national or chapter event of the AICP may be used by the AICP as it determines in its sole discretion.

Form with fields: Date, NAME (First, Middle Initial, Last), "Nick Name", Employer, Job Title, Professional Designations, Office Address, Street Address, City, State, Zip, Country, Telephone, Fax, Preferred E-Mail Address.

1. Type Of Employer (If your employer is an insurance company, please be sure to provide NAIC Group Name, Group Number.)
Insurance Company, Regulator, Other (Check one below)
Check the company type that best describes your organization.

2. States Or Jurisdictions Of Expertise Please check the states or jurisdictions in which you feel you could field questions.
US FEDERAL, ALL, AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY, CANADA, ALL, AB, BC, MB, NB, NL, NT, NS, NU, ON, PE, QC, SK, YT

3. Specializations: Check the boxes below that best describe your area of compliance expertise or experience.
The advanced search feature on AICP's on-line Membership Directory requires that you check the single Primary Sort Category that best describes what you do. For Specialties, check as many as you feel appropriate.

A. Primary Sort Category: P&C, L&H, All, Life Only, Health Only, Other.
B. Specialties: Check the boxes for those products you file or have compliance responsibilities. Not Applicable
P&C, L&H, C. Primary Job Responsibility

4. Optional Data
The following information will only be used to contact you in the event that you change employers, retire, are between jobs or choose to have the AICP send mail and/or email to your home address. It will not be provided to vendors or otherwise made available to anyone outside of AICP.
Home Street Address:
City: State: Zip: Country: Home Telephone:
Personal Email Address:

5. Mail Preference
Where would you like AICP to mail announcements of National & Chapter events? Office Home

6. Membership Directory
We encourage use of our online Membership Directory which can be found at www.aicp.net. If you would like to receive a paper copy check the box to the right
Paper Copy Requested

Dues may be paid by Credit Card by filling in the blanks below and faxing the application to AICP at: (703) 435-4390
Card Number: Expiration:
Amount to be charged to your credit card account: Regulator Dues \$50 Other Dues \$190 \$
Name of Card Holder