



AICP APPLICATION FOR MEMBERSHIP

QUESTIONS: Contact AICP at 703-234-4074 ext. 4085 or 4071

Office Use Only

AICP Industry and Associate Membership Dues are \$180 for Calendar Year 2010
AICP Regulator Membership Dues are \$45 for Calendar Year 2010

Checks should be made payable to "AICP" and mailed to:
Wachovia / AICP, P.O. Box 758938, Baltimore, MD 21275-8938
Note: You may also apply for membership at www.aicp.net. Click Membership and Join Now

Form with fields: Date, NAME (First, Middle, Last), "Nick Name", Employer, Job Title, Professional Designations, Office Address, Street Address, City, State, Zip, Country, Telephone, Fax, 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 Group Name:
NAIC Group Number:
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 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 Commercial Automobile D&O/ EPLI Professional Liability Title
Personal Auto Commercial Property GAP Service Contracts Workers Comp.
Homeowners Crime/Inland Marine General Liability Surety/ Fidelity Other:
Credit Malpractice Surplus Lines
L&H AD&D Disability Income Medicare Supplement Universal Life
Group Annuity Life, Accident & Health Prepaid Funeral Vision
Individual Credit Life Settlements STOLI Whole Life
BOLI/COLI Long Term Care Structured Settlements Other:
Dental Medicare Supplement Term Life
C. Primary Job Responsibility Actuary Department Manager Product Development Other:
Attorney Internal Audit Regulator
Claims Licensing State Filings
Compliance Market Conduct Underwriting

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:
Office Home

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
Yes No

7. E-Mail Preference Where would you like AICP to e-mail announcements of National & Chapter events?
Office Home

8. First Contact If you are joining for the first time, please indicate how you first heard about AICP and if referred by a current member, please provide their name

Dues may be paid by Credit Card by filling in the blanks below and faxing the application to AICP at: (703) 435-4390
Visa MasterCard American Express Card Number: Expiration:
Amount to be charged to your credit card account: Regulator Dues \$45 Other Dues \$180 \$
Name of Card Holder
Revised 6/10/2010 Signature Date