Association of Insurance Compliance Professionals

AICP APPLICATION FOR MEMBERSHIP

QUESTIONS: Contact AICP at 703-234-4074 ext. 4070 or 4071

Office Use Only

AICP Industry Membership Dues are **$225** for Calendar Year 2020
AICP Regulator Membership Dues are $50 for Calendar Year 2020

Checks should be made payable to "AICP" and mailed to:
AICP, 11130 Sunrise Valley Dr., Ste 350, Reston, VA 20191
Note: You may also apply for membership at www.aicp.net. Click Membership and Join Now

Member/Attendee 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.

Date	NAME First	Middle Initial	Last	"Nick Name"

Employer	Job Title	Professional Designations

Office Address	Street Address – This address will be used to assign your chapter affiliation	City	State	Zip	Country

Telephone	Fax	Preferred E-Mail Address: Where you would like AICP to E-Mail announcements of National & Chapter events.
( ) - ext.	( ) -	

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)**

Insurance Company Group Name: | NAIC Group Number:

Check the company type that best describes your organization.

☐ Actuarial Consulting
☐ Advisory Organization/Rating Bureau
☐ Agency/Broker/ MGA/MGU
☐ Compliance Consultant
☐ Compliance Publisher
☐ Educational Organization
☐ Finance Organization
☐ Insurance Services
☐ Law Firm
☐ Reinsurance Co
☐ Software Vendor
☐ Trade Association
☐ TPA
☐ Other (specify):

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	☐ 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	☐ Prepaid Funeral	☐ Universal Life
☐ Group	☐ Annuity	☐ Life, Accident & Health	☐ STOLI	☐ Vision
☐ Individual	☐ Credit	☐ Life Settlements	☐ Structured Settlements	☐ Whole Life
	☐ BOLI/COLI	☐ Long Term Care	☐ Term Life	☐ Other:
	☐ Dental	☐ Medicare Supplement		
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:**
Personal Email Address:

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

6. 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) 234-4147

☐ Visa ☐ MasterCard ☐American Express | Card Number: | Expiration:

Amount to be charged to your credit card account: ☐ Regulator - **$50** ☐ Industry Member– **$225** | CVV

Name of Card Holder

Revised 10/16/2019 Signature Date