



IASA's Individual Membership Program was created to provide professionals, who are not affiliated with one of our member companies, with access to our career and professional tools and resources. Please fully complete this form and return it via email to [membership@iasa.org](mailto:membership@iasa.org) or mail to **IASA International Office, PO Box 51340, Durham, NC 27717.**

### APPLICANT DEMOGRAPHIC INFORMATION

<b>First name:</b>	<b>Middle initial:</b>	<b>Last name:</b>
<b>Job title:</b>	<b>Company name:</b>	
<b>Billing address:</b>	<b>City, State, Zip code:</b>	
<b>Country</b> (If outside the US):	<b>Email address:</b>	
<b>Alternate email address:</b>	<b>Phone number:</b>	
<b>Cell phone number:</b>	<b>LinkedIn URL:</b>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>DOB (MM/DD/YYYY):</b>	
<b>Race:</b> <input type="checkbox"/> Caucasian/ White <input type="checkbox"/> African American/ Black <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other, please specify:	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic, Latinx, or Spanish Origin <input type="checkbox"/> Not of Hispanic, Latinx, or Spanish Origin	

### INDIVIDUAL MEMBERSHIP CATEGORIES & ANNUAL DUES

<input type="checkbox"/> <b>Carrier Professional (US &amp; Canada): \$199/Annual</b>	<input type="checkbox"/> <b>Carrier Professional (International): \$149/Annual</b>
<input type="checkbox"/> <b>Solution Provider Professional: \$199/Annual</b>	<input type="checkbox"/> <b>Emeritus Member: \$29/Annual</b>
<input type="checkbox"/> <b>Early-Career Carrier: \$99/Annual</b> <input type="checkbox"/> <b>Early-Career Solution Provider: \$99/Annual</b> Less than 10 years professional experience. Please submit your current CV/resume for verification.	<input type="checkbox"/> <b>Student Member: \$29/Annual</b> Please submit unofficial transcripts for verification.

### STUDENT & EARLY CAREER APPLICANTS ONLY\*

\* *These member types require documentation (Student: unofficial transcript; Early Career: Current CV).*

<b>Student Applicants</b> Please enter graduation date:	<b>Early Career Applicants</b> Please provide year of entry into the profession:
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## HOW DID YOU HEAR ABOUT IASA?

<input type="checkbox"/>	IASA Chapter meeting	<input type="checkbox"/>	IASA Website
<input type="checkbox"/>	Colleague recommendation	<input type="checkbox"/>	Former IASA Member Company
<input type="checkbox"/>	Complementary website (e.g. AM Best)	<input type="checkbox"/>	Social media advertisement
<input type="checkbox"/>	Email/newsletter (e.g. Direct email, IASAlert)	<input type="checkbox"/>	Other, please specify:

## PROFESSIONAL EXPERTISE AREAS

Please select up to two (2) areas of industry expertise.

<input type="checkbox"/>	Actuarial	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Investments
<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Operations
<input type="checkbox"/>	Audit	<input type="checkbox"/>	Quality Assurance
<input type="checkbox"/>	Claims	<input type="checkbox"/>	Sales/Marketing
<input type="checkbox"/>	Compliance	<input type="checkbox"/>	Systems/Technology
<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Taxation
<input type="checkbox"/>	Executive/Gov.	<input type="checkbox"/>	Underwriting
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Other, please specify:

## COMPANY INFORMATION

Please select all that apply.

<input type="checkbox"/>	Fraternal	<input type="checkbox"/>	Accounting & Financial Mgmt. Consulting
<input type="checkbox"/>	Health	<input type="checkbox"/>	Actuarial/ Risk Management
<input type="checkbox"/>	Life/Life & Health	<input type="checkbox"/>	Banking
<input type="checkbox"/>	Multi-Line	<input type="checkbox"/>	Hardware/Software Provider
<input type="checkbox"/>	P&C	<input type="checkbox"/>	Insurance Organization
<input type="checkbox"/>	Reinsurance	<input type="checkbox"/>	Other, please specify:

## PAYMENT INFORMATION

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover			
<input type="checkbox"/> Check payable to IASA			
Card#:			
Exp. Date:		Amount:	
Signature:			

The membership calendar year is January 1 – December 31. Dues may be paid via credit card or by personal or company check. Checks may be mailed to **IASA International Office, PO Box 51340, Durham, NC 27717.**