

NEW MEMBERSHIP APPLICATION

Association Name: _____

Mailing Address: _____

URL Address: _____

Phone: _____

Name of Technical Committee Chairperson: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Name of State Association Executive Director: _____

Mailing Address: _____

Email Address: _____

Phone: _____

This application is being submitted for membership into the Insurance Intelligence Committee. It is understood that membership is contingent on payment for one dollar ($1) for each member agency within the State Association. These dues shall be billed and payable during the first quarter of each calendar year.

State Association President: _____

State Association Director: _____

Please complete the form with appropriate signatures and return to Karlyn Raleigh at karlyn@kaia.com. For questions, she can be reached at 1.800.229.7048.

CHECK OUT WEBSITE FOR MORE INFORMATION
WWW.MATCINSURANCE.COM