



MEMBERSHIP APPLICATION

CORPORATE MEMBERSHIP — Dues are \$200 per calendar year

(Corporate Membership includes the company itself and one person. Everyone else from that company must apply for individual membership)

Company _____

First Name _____ Last Name _____

Direct Phone No.: _____ Mobile: _____ e-mail _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

What is your area of professional work (please circle one)

Affiliate Associate Agent/Broker Attorney Claims Underwriter Reinsurance

INDIVIDUAL MEMBERSHIP — Dues are \$140 per calendar year

First Name _____ Last Name _____

Company _____

Direct Phone No.: _____ Mobile: _____ e-mail _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

What is your area of professional work (please circle one)

Affiliate Associate Agent/Broker Attorney Claims Underwriter Reinsurance

STUDENT MEMBERSHIP — Dues are \$45 per calendar year

(Student Membership is for college students under 30 years of age. Applicants must show proof or registration and supply date of birth.)

Company _____

First Name _____ Last Name _____

Direct Phone No.: _____ Mobile: _____ e-mail _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

PAYMENT INFORMATION

Dues payment must accompany this application

American Express Visa MasterCard

Check

TOTAL DUE: _____

Cardholder name _____ Signature _____

Card No. _____ Exp. Date _____ Security Code _____

Billing Address for Card _____

Street _____ City _____ State _____ ZIP _____

Send application and payment to: Aviation Insurance Association
7200 W. 75th
Overland Park, KS 66204
Fax: 913-381-2515