



Membership Application

Application for:

(please check the one that applies to you)

- | | | |
|---|--------------|-------|
| <input type="checkbox"/> Licensed/Prospective Captive Insurer | Annual Dues: | \$500 |
| <input type="checkbox"/> Corporate Service Provider | Annual Dues: | \$500 |
| <input type="checkbox"/> Associate | Annual Dues: | \$250 |
| <input type="checkbox"/> Affiliate | Annual Dues: | \$75 |

(See Membership Information Brochure for details about membership categories)

Last Name _____

First Name _____ Middle Initial _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Web Site _____

Please describe your interest in the Arizona Captive Insurance Industry:

If Corporate Service Provider, describe services provided:

(For your FREE AzCIA Web Site listing, attach a 100-word or less paragraph about your company's captive insurance services. Also provide your corporate logo in a .jpg format for your web site listing).

By my signature, I hereby declare that I am authorized to sign this Membership Application on behalf of my company and agree to be listed on the AzCIA web site.

Signature: _____

Payment

Check (made payable to AzCIA in the correct amount) \$ _____

Credit Card: Visa MasterCard American Express \$ _____

Credit card # _____ Exp. Date _____

Authorized Signature _____

Return completed application along with payment to:

Arizona Captive Insurance Association

5301 S. Superstition Mtn. Dr. #104, PMB 484 • Gold Canyon, Arizona 85218 • phone 800-423-4134 • fax 952-929-1318