



Membership Application

Name _____

Title _____

Company/Organization _____

Address _____

City _____

State/Province _____ Zip _____

Country _____

Telephone (_____) Fax (_____)

Email _____

Publication _____

Editor _____

Assistant editor(s) _____

TYPE OF MEMBERSHIP

- FULL**—Editors from NAMIC member companies
 - \$275 - Single
 - \$325 - Corporate (two or more individuals from the same company at the same address)

- AFFILIATE MEMBERSHIP**—Other non-company, insurance-related organizations (trade associations, trade publications, agencies, vendors, service agencies, etc.)
 - \$300 - Single only