

**RELATED MEMBER**

Related members include non-insurance companies involved in one or more aspects of the insurance industry. Dues for related members are an annual flat fee of \$1,000.

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Company

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Mailing Address

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City	State/Province	Zip or Postal Code
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Telephone	Fax	Company's Web Address
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President	E-mail
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NAMIC Main Contact (if different from above)	E-mail
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Has any executive or key employee of your company been convicted of fraud or a felony?      YES      NO

Reason for joining NAMIC:

**ORGANIZATION PROFILE**

In addition to the information provided on this form, please attach:

- 1. A list of your organizations executives and managers responsible for services described, including e-mail contact information.
- 2. Most recent annual report.
- 3. Third-party rating evaluation (D&B, BBB, industry rating agency)

Please describe the primary services your company provides the insurance industry.

We hereby apply for membership in the National Association of Mutual Insurance Companies (NAMIC). We certify that the information contained in this application is accurate and truthful. We agree to support the vision, mission, and shared values of the association.

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Signature	Title	Date
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