

Membership Application – Market Member

**Market Member**

Market members include non-insurance companies involved in one or more aspects of the insurance industry.

Fees for market members are an annual flat fee of \$8,500.

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State/Province Zip or Postal Code

\_\_\_\_\_  
 Telephone Fax

\_\_\_\_\_  
 Company's Web Address

\_\_\_\_\_  
 President E-mail

\_\_\_\_\_  
 NAMIC Main Contact (if different from above) E-mail

Reason for joining NAMIC \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Organization Profile**

In addition to the information provided on this form, please attach a list of your organization's executives and managers responsible for services described in this section, including e-mail contact information.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other national or state insurance associations to which your organization belongs (Check all that apply)

- American Insurance Association  Other \_\_\_\_\_  
 Property Casualty Insurers of America \_\_\_\_\_

Return completed form to:  
 NAMIC  
 3601 Vincennes Road  
 Indianapolis, IN 46268  
 Fax (317) 879-8408

We hereby apply for membership in the National Association of Mutual Insurance Companies (NAMIC).

\_\_\_\_\_  
 Signature Title Date