



2022-2023 New Membership Application

A Completed Application must accompany dues payment of \$80 payable to AAIP for new or renewal membership. AAIP operates on a fiscal year from June 1 through May 31.

Date: _____

Category: Agency Vendor

Member Contact Information

Name: _____

Designation(s): _____

Home Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____

Mobile: _____

Home Email: _____

Birthdate Month: _____

Employer: _____

Title: _____

Address: _____

City: _____ St: _____ Zip: _____

Work Phone: _____ Fax#: _____

Email: _____

CONTACT Preference: Home Office Note: Employer contact information will be included in AAIP membership directory.

Member Profile

1. Years in the insurance industry: _____ Area(s) of Expertise: _____

2. Employment (Check all that Apply):

- CSR/SVCS Adjuster Underwriting Producer Other: _____
- Claims Clerical Support Agency Principal Accounting
- Prem Finance Risk Management Marketing Carrier

3. Type of Business (Check All that Apply):

- P/C Life Accident/Health Finance Other: _____

4. Are you interested in serving on a Committee? Yes (please check below preference(s)) No

Please consider sharing your skills this year. We welcome and need your assistance!

- Annual Chili Cook Off Membership
- Annual Golf Event Newsletter
- Audit Public Relations
- Community Service Project Lead Website and/or Social Media

5. Are you interested in serving on the Board in the future? Yes No

6. Please let us know what we could offer or suggestions for speakers this year that would be of interest to you:

7. Please check here if you prefer to pay by invoice for membership/luncheons/events:

To pay by credit card, please click here: <https://aaip.epaypolicy.com/>

8. Please return completed application to Meghan Welte at: meghan.welte@servicelloyds.com or mail to 3571 Far West Blvd, #128, Austin, TX 78731



THANK YOU FOR YOUR SUPPORT, AND WELCOME TO AAIP!

