



# Insurance Intelligence

COMMITTEE

## NEW MEMBERSHIP APPLICATION

Association Name: \_\_\_\_\_

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

URL Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Technical Committee Chairperson: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of State Association Executive Director: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

This application is being submitted for membership into the Insurance Intelligence Committee. It is understood that membership is contingent on payment for one dollar (\$1) for each member agency within the State Association. These dues shall be billed and payable during the first quarter of each calendar year.

State Association President: \_\_\_\_\_

State Association Director: \_\_\_\_\_

Please complete the form with appropriate signatures and return to Karlyn Judd at [karlyn@kaia.com](mailto:karlyn@kaia.com). For questions, she can be reached at 1.800.229.7048.

CHECK OUT WEBSITE FOR MORE INFORMATION  
[WWW.MATCINSURANCE.COM](http://WWW.MATCINSURANCE.COM)