



New Membership and Membership Renewal APPLICATION

Illinois Chapter of the International Association of Special Investigations Units

Post Office Box 1815 • Palatine, IL 60078

Website: www.illasiu.com

Please check those that apply:

- New Member Renewal Has your membership information changed?

APPLICANT INFORMATION

NAME: _____ TITLE: _____

COMPANY / AGENCY: _____

ADDRESS:

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ Int. IASIU Membership No: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE: _____

*Your address and membership information will be published in the IASIU Illinois Chapter Directory, published annually and used for IASIU IL Chapter membership correspondence and mailings exclusively. This information will not be distributed for any other purpose or to any external organization. **Regular chapter members must also be members of the International Association.***

I am employed by one of the following employers which qualifies me for membership with IASIU - IL Chapter:

- | | |
|--|--|
| <input type="checkbox"/> Insurance Carrier | <input type="checkbox"/> National Insurance Crime Bureau |
| <input type="checkbox"/> Self Insured Corp | <input type="checkbox"/> State Insurance Fraud/Crime Bureau |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Government Agency (Local, State or Federal) |

I hereby apply for membership in the International Association of Special Investigative Units Illinois Chapter in accordance with its Constitution and Bylaws and agree to be bound therewith. All of the information contained in this application is warranted by me to be true. I understand this application is subject to acceptance by the Board of Directors of the Illinois Chapter and further that if my employment duties change so as to fall outside the requirements of membership, my membership in the organization shall terminate.

I also understand that with the exception of Law Enforcement personnel, I am required to be a member in good standing with the international organization of IASIU.

Applicant's Signature: _____ Date: _____

I work in the following types of insurance within the industry: (please provide this information for our membership directory)

- Fire Auto Health Life Workman's Compensation

MEMBERSHIP DUES Regular/Associate Member\$15.00

Make checks payable to Illinois Chapter IASIU. Please forward this form along with your payment to the chapter address shown above.

Last Revised: December 2006