



INTERNATIONAL INSURANCE FOUNDATION

Membership Form

Ms/Mrs/Mr/Dr _____
first name middle family name

_____ title

_____ organization

_____ address

_____ city state/province postal code

_____ country E-mail

_____ phone number with country and city codes fax number

I wish to join the International Insurance Foundation as a/an:

Corporate Member (US\$5,000). (For insurance companies, reinsurers, service providers)
Designed Representative: _____

Associate Member (US\$250). (For educational institutions and government bodies)
Designated Representative: _____

Individual Member (US\$150) I wish to make an additional contribution of \$_____

Annual Dues Payment

Payment enclosed (check payable to "International Insurance Foundation")

Wire transfer to International Insurance Foundation account 206849613
SunTrust Bank [ABA bank number 055002707], Richmond, VA 23294-4308 USA

Charge to: Visa MasterCard

Cardholder's name _____

Account number _____ Expiration date _____

Billing address _____

Signature _____

Please return to: International Insurance Foundation, 760 Red Oak Terrace, Wayne, PA 19087

Or fax to: 1-610-687-8856

Or e-mail to: Info@iifdc.org