

IAASE 2016 - 2017 Corporate Member Application

July 1, 2016 - June 30, 2017 • www.iaase.net • Toll Free: (888) 853-2179 • Fax: (877) 835-5798

1 Contact Information

Company Name: _____

Fax: _____

Email: _____

Provide a two to three sentence description of your company below:

2 Representatives

The primary representative is the individual that IAASE contacts annually to update the membership spreadsheet and who has the authority to submit the company's membership payment to IAASE.

Primary Representative

Name:

Title:

Certifications:

Mailing Address:

City: _____ State: _____ ZIP: _____

Telephone:

Fax:

Email:

*Fax and/or email will be used for member communications.

Alternate Representative

The alternate representative is the individual that IAASE contacts should the Primary Representative no longer be available.

Name:

Title:

Certifications:

Telephone:

Fax:

Email:

*Fax and/or email will be used for member communications.

4 Category

- \$495 IAASE Corporate Member
 \$1595 IAASE & NSIPA Corporate Member

Membership dues are not refundable. A W-9 tax form is downloadable at www.iaase.net at the bottom of the Marketplace page.

6 Membership List

To submit your membership list to IAASE, please go to www.iaase.net and complete the Excel document posted on the website. Once the Excel document has been completed, upload the document using the link provided on that same webpage. For new Corporate Memberships, the company's membership list shall ONLY be accepted using the Excel spreadsheet. No other format is acceptable.

If you would like to have your company listed on the IAASE website as a corporate member, email your company's logo to IAASE@IAASE.net.

Website: _____

Toll Free Telephone: _____

Street Address: _____

City: _____ State: _____

ZIP Code: _____

3 Method of Payment

Check one:

- Check enclosed (Payable to IAASE)
 Visa MasterCard Discover AMEX

Account Number:

Name As Appears on Card:

Credit Card Billing Street

Address: Signature:

Expiration Date: _____ 3 or 4-Digit Security Code: _____

Quarterly Payment Plan

I want to participate in the payment plan (one-time \$25 fee). For those paying more than \$1,000, NSIPA & IAASE offer participants the ability to make quarterly payments for the total amount due. The total amount due will be divided into four equal payments and automatically processed on your credit card through our secure, automated service. The fee to participate in this Quarterly Payment Plan is a one-time charge of \$25. This one-time fee will be charged at the time of the first of the four payments.

5 Send Payment

Please mail or fax with payment

to: IAASE

PO Box 936

Columbus OH 43216

Fax: (877) 835-5798

The Insurance Auditors Association of the Southeast (IAASE) collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. IAASE does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments.

"Contributions or gifts to the Insurance Auditors Association of the Southeast are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary expense." See §10701 of the Revenue Act of 1987.

IAASE Federal Tax ID: #592343987

NSIPA Federal Tax ID: #431075981

Questions? Visit

www.iaase.net or Contact Us

at iaase@iaase.net or

(888) 853-2179

