



Membership Application

Application for:

(please check the one that applies to you)

- Full Member** **Annual Dues:** **\$350**
- Associate** **Annual Dues:** **\$750**
- Affiliate** **Annual Dues:** **\$500**

(See Membership Information Brochure for details about membership categories)

Last Name _____

First Name _____ Middle Initial _____

Title _____

Company _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

E-mail _____

Web site _____

Please describe your interest in the Nevada Captive Insurance Industry:

Please select one of the following services that best describes your company:

- | | |
|---------------------------------|---------------------------------------|
| Actuaries | Claims Managers & Related Consultants |
| Attorneys | Captive Insurance Consultants |
| Banks & Investment Managers | Certified Public Accountants |
| Captive Managers | Insurance & Reinsurance Companies |
| Nevada Licensed Captive Insurer | Other: _____ |

Please check the box below if you have interest in serving on a committee:

- Yes, I have interest in serving on a committee
- No, I don't have interest in serving on a committee

By my signature, I hereby declare that I am authorized to sign this Membership Application on behalf of my company and agree to be listed on the NCIA Web site.

Signature: _____

Payment

- Check (made payable to NCIA in the correct amount) \$ _____
- Credit Card: ___ Visa ___ MasterCard ___ American Express \$ _____

Credit Card # _____ Exp. Date _____

Authorized Signature _____

Return completed application along with payment to:
Nevada Captive Insurance Association

810 E. Fifth Street, Carson City, Nevada 89701 * Phone: 775-887-2480 * Fax: 775-887-2481

