



Membership Application

Contact information

Organization Name _____

Contact _____ Title _____

Telephone _____ Fax _____ E-mail _____

Street _____ City _____ State _____ Zip _____

Organization information

When was your organization founded?

Domicile: _____

Direct writing premium (please check):

US

DC

What types of insurance policies does your company offer?

- _____
- _____
- _____
- _____
- _____

Annual dues

Trade association	Insurance company																				
\$3,000	Based on direct written premiums																				
Affiliate (non-voting)	<table border="1"> <thead> <tr> <th>✓ Premiums (million)</th> <th>Dues</th> <th>✓ Premiums (million)</th> <th>Dues</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Up to \$1</td> <td>\$1,250</td> <td><input type="checkbox"/> \$20-30</td> <td>\$9,000</td> </tr> <tr> <td><input type="checkbox"/> \$1-5</td> <td>\$1,500</td> <td><input type="checkbox"/> \$30-40</td> <td>\$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$5-10</td> <td>\$4,000</td> <td><input type="checkbox"/> \$40-50</td> <td>\$15,000</td> </tr> <tr> <td><input type="checkbox"/> \$10-20</td> <td>\$7,000</td> <td><input type="checkbox"/> Over \$50</td> <td>\$20,000</td> </tr> </tbody> </table>	✓ Premiums (million)	Dues	✓ Premiums (million)	Dues	<input type="checkbox"/> Up to \$1	\$1,250	<input type="checkbox"/> \$20-30	\$9,000	<input type="checkbox"/> \$1-5	\$1,500	<input type="checkbox"/> \$30-40	\$10,000	<input type="checkbox"/> \$5-10	\$4,000	<input type="checkbox"/> \$40-50	\$15,000	<input type="checkbox"/> \$10-20	\$7,000	<input type="checkbox"/> Over \$50	\$20,000
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Use the information below to fax or mail this form. Please contact us for additional information.

District of Columbia Insurance Federation

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