



## The Insurance Institute of The Bahamas Membership Form

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title : \_\_\_\_\_

P. O. Box: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How best can we contact you? By (a) mail  (b) e-mail

Telephone Contact: \_\_\_\_\_ Home \_\_\_\_\_ work \_\_\_\_\_

Fax Number: \_\_\_\_\_ Home \_\_\_\_\_ work \_\_\_\_\_

Years in the insurance industry: \_\_\_\_\_

Qualifications held: \_\_\_\_\_

As a member of The Institute, on which committee would you like to be actively involved?

Education

Public Relations

Membership

Are you willing to: (a) Tutor  Yes  No

(b) Give talks  Yes  No

(c) Write Newsletter articles?  Yes  No

If yes, what subject(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information/questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*P. O. Box CB-13620, Nassau, Bahamas*

*or c/o Fax # 322-6436*