



North Texas International Association of Special Investigation Units

Application for 2008 Membership/Renewal

Regular Membership shall include (1) Insurance Company employees whose primary purpose is the full-time investigation and/or supervision of investigation of insurance fraud. (2) An employee of a self-insured corporation who is employed and assigned to a Special Investigation Unit and whose primary purpose is the full-time investigation and/or supervision of investigations of insurance fraud. The individual and organization must be engaged in anti-fraud activities and must be in conformance with the goals and objectives and interests of the Chapter. Provided, however, any such individual whose professional activities or personal background are considered adverse to the objectives and goals and interests of the Chapter shall not be deemed eligible for membership. (3) A Special Agent or Supervisory Special Agent of the National Insurance Crime Bureau.

Associate membership shall include: (1) A full time local, state, or federal law enforcement officer, or prosecutor who is involved in, or provides special expertise or services for the investigation and/or prosecution of insurance fraud crime. (2) A full-time investigator or investigations supervisor of a state insurance fraud bureau. (3) Any employee of an insurance company or representative of a governmental agency who is involved investigation of insurance fraud or who provides special expertise for investigation of insurance fraud provided that: a) the proposed associate member is endorsed in writing by a regular member, and provided that b) in the case of an insurance company employee, the proposed associate member is endorsed in writing by an SIU Manager of the insurance company that employs him or her. (4) Third Party Administrators/General Agency Associate. Employees of TPA's or General Agencies who are involved in, or provide special expertise or services for the investigation of insurance fraud, who is endorsed in writing by a "Regular" member.

Please type or print clearly

New Application Renewal

IASIU Member Number: _____

(Required before application will be processed; not required for Associate Memberships.)

Name: _____
(Last) (First) (MI)

Job Title or Designation: _____

Employer: _____

Employer Address: _____

(City) (State) (Zip)

Phone Number: (____) _____ EXT: _____ FAX: (____) _____

Cellular Number: (____) _____ Pager Number: (____) _____

Internet E-mail Address: _____

(New Applicants Only)

Sponsor Name: _____ Company: _____

Sponsor's Signature: _____ Phone Number: (____) _____

I certify that the above named applicant meets the NTIASIU Constitutional requirements for:

Regular Membership **Associate Membership**

Circle One: Visa M/C American Express Discover

Card Number _____ Expiration Date _____

For Internal Use Only

Date Received: _____ Amount Paid: _____ Cash: _____ Check: _____ Credit Card: _____

Date Approved: _____ Regular: _____ Associate: _____ Receipt No: _____

___ Insurance Carrier (Area of responsibility – check all that apply)

___ Automobile ___ Property ___ Commercial Liability

___ Workers Comp ___ Life ___ Marine

___ Health ___ Other (specify _____)

___ External Investigations ___ Internal Investigations

___ Law Enforcement

___ National Insurance Crime Bureau

___ State Fraud Bureau

___ S.I.U. Investigator, employed by a self insured corporation

___ Adjuster – working directly with SIU

I hereby apply for ___ New ___ Renewal membership in the North Texas Chapter of the International Association of Special Investigation Units in accordance with its Constitution and Bylaws and agree to be bound therewith. All of the information contained in this application is warranted by me to be true. I understand this application is subject to acceptance by the Board of Directors and further that if my employment duties change so as to fall outside the requirements for membership, my membership in the organization shall be terminated.

_____ (Signature)

_____ (Date)

SIU Manager's endorsement (required for non-SIU insurance employees)

I endorse and support the above applicant's candidacy for membership in the North Texas Chapter of IASIU.

Dues - \$30.00 Make checks payable to North Texas Chapter of I.A.S.I.U.

Mail Checks and Applications to:

North Texas Chapter of I.A.S.I.U.
PO Box 803328
Dallas, TX 75380-3328