



**DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS
MEMBERSHIP APPLICATION**

New Member Renewal Associate Honorary Dual Member

Applicant Name: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Cell: _____ Business: _____

Email Address: _____

Preferred Mailing address: Home Business

Position: _____ Years in Insurance: _____

Licenses (s) _____ Designations: _____

Date of Birth: _____ (mm / dd)

Annual Dues \$60.00 Per Annum (includes FIWT dues) Due by September 1 (Delinquent by September 30)

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No please do not post my photo to any publications.

Signature/Date _____

Please complete and mail to:
DAIP c/o Donna Hauser, 2803 Carmel Drive, Carrollton, TX 75006
membership@daiptx.com
Please complete FIWT Application