



TASIU Membership Application

Texas Association of Special Investigation Units, Inc.

P.O. Box 2132
Cypress, TX 77410

Office Use Only: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined This applicant qualifies for the membership type selected: <input type="checkbox"/> Regular <input type="checkbox"/> Associate <input type="checkbox"/> Law Enforcement \$15 Dues/Renewal accepted by: Authorized by: Date:
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Section 1 - Questionnaire (Please complete in full)

<p>A. I am employed by (please check one).</p> <p><input type="checkbox"/> Insurance Carrier</p> <p><input type="checkbox"/> National Insurance Crime Bureau (NICB)</p> <p><input type="checkbox"/> Insurance Crime Prevention Authority (ICPB)</p> <p><input type="checkbox"/> Self Insured Corp</p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Local, State or Federal Government</p> <p><input type="checkbox"/> State Insurance Fraud/Crime Bureau</p> <p>B. Applicant Status</p> <p><input type="checkbox"/> New (\$15) <input type="checkbox"/> Renewal (\$15)</p> <p>Please mail to: Texas Association of Special Investigation Units, Inc. P.O. Box 2132 Cypress, TX 77410</p>	<p>C. My <u>FULL TIME</u> assignment is to a <u>Special Investigation Unit</u> within an insurance company or self-insured corporation (please check one).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if no, sponsor signature required)</p> <p>D. Insurance Carriers - Areas of Responsibility (Check all that are applicable).</p> <p><input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Health</p> <p><input type="checkbox"/> Automobile <input type="checkbox"/> Workers Comp <input type="checkbox"/> Life</p> <p><input type="checkbox"/> Marine <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Internal Investigations <input type="checkbox"/> External Investigations</p>
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Section 2 - Applicant Information (Please complete in full)

First Name:	Middle Initial:	Last Name:
Job Title:	Employed by:	
Address:		Suite:
City:	State:	ZIP:
Work Voice Phone: ()		Work Fax: ()
e-mail:		
Supervisor's Name:		Phone:
Applicant's IASIU number (mandatory):		Please <input checked="" type="checkbox"/> here if you have received the CIFI Title <input type="checkbox"/>
Sponsor's Name:	IASIU No:	Signature:
I hereby apply for membership in the Texas Association of Special Investigation Units, Inc. in accordance with its Constitution and Bylaws and agree to be bound by 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 understand that if my employment duties change so as to fall outside the requirements for membership, my membership in the organization shall terminate.		
Applicant's Signature:		Date: