

Michigan Association of Property & Liability Insurance Counselors

MEMBERSHIP APPLICATION

Name: _____	Date: _____
Agency/Company: _____	
Mailing Address: _____	
Phone: _____	Fax: _____
Email: _____	Website: _____

I. VOCATION

- Producer Direct Writer Independent Exclusive Counselor
 Other

II. DESIGNATIONS

- CPCU ARM CIC AAI
 CLU OTHER: _____

Where did you receive your designation? _____

III. AREA OF EXPERTISE

- Manufacturing Contractor Retail Public Entity
 Non-Profit Wholesale Professional Medical
 Trucking Other

IV. What types of topics would you like to see for educational meetings?

1. _____
2. _____

V. Are you interested in working with any of the following committees?

- Program Legislative Membership Budget
 Ethics, Bylaws Sample Contracts Nomination

VI. What services would you like to see MAPLIC provide?

Signature: _____ **Date:** _____

NOTE: With this signed Application, you have accepted the MAPLIC "Code of Ethics". If you do not have a copy, please go to: http://www.MAPLIC.com/MAPLIC_Code_of_Ethics.pdf or call and we will send one to you.

Mail Completed Application to: **MAPLIC, PO Box 80620, Lansing, MI 48908-0620**