



APPLICATION FOR ASSOCIATE MEMBERSHIP

WE, HEREBY APPLY FOR ASSOCIATE MEMBERSHIP OF THE MARINE INSURANCE ASSOCIATION OF B.C.

COMPANY NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ FAX NO: _____

E-MAIL ADDRESS: _____

PLEASE INDICATE YOUR AREA OF EXPERTISE

____ INSURANCE COMPANY / UNDERWRITING AGENCY _____ LAWYER

____ SURVEYOR _____ OTHER (PLEASE SPECIFY)

LINE OF BUSINESS YOU UNDERWRITE: _____

INSURANCE COMPANY(S) YOU REPRESENT: _____

INSURANCE LICENSE NUMBER (IF APPLICABLE, PLEASE ATTACH COPY): _____

PLEASE PROVIDE NAME(S) AND E-MAIL ADDRESS(ES) OF MEMBERS OF YOUR ORGANIZATION WHO CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS FROM THE MIABC:

NAME: _____ E-MAIL ADDRESS: _____

SIGNED: _____ DATED: _____

TITLE: _____

PLEASE DIRECT ALL MEMBERSHIP APPLICATIONS AND ENQUIRIES TO:

Mr. Mark R. Wilson – Treasurer
c/o Westland Insurance Group Ltd.
#200 – 2121 160th Street
Surrey, B.C. V3Z 9N6

mwilson@westlandinsurance.ca

NOTE: THE CURRENT ANNUAL FEE FOR FULL MEMBERSHIP IS **\$200** AND SHOULD ACCOMPANY THIS APPLICATION FORM. CHEQUES ARE TO BE MADE PAYABLE TO THE:

MARINE INSURANCE ASSOCIATION OF BRITISH COLUMBIA

*** ALL APPLICATIONS MUST BE APPROVED BY THE EXECUTIVE COMMITTEE ***

THANK YOU FOR YOUR INTEREST IN OUR ASSOCIATION