



## Membership Application

Name \_\_\_\_\_  
English \_\_\_\_\_ Korean \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Licensed in ☐ Life ☐ Health ☐ Variable Since \_\_\_\_\_

☐ PNC Since \_\_\_\_\_

Business Nature \_\_\_\_\_

회비 \_\_\_\_\_ 이사회비 \_\_\_\_\_ Tel. \_\_\_\_\_

I hereby apply for membership in The Korean American Insurance & Finance Association and agree to the terms and conditions of the said association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_