



Please fill out all three pages of this application. Incomplete applications cannot be processed and only completed forms will be considered for membership. The information provided in this form will be submitted to the Grand Chapter of Gamma Iota Sigma and may take several weeks to fully process. An email notification will be sent to the email provided below once this application has been processed in the national office. For questions, please contact your local chapter officers.

MEMBERSHIP TYPE: ☐ New ☐ Renewal

Please print all information clearly.

| APPLICANT INFORMATION | | | |
|--|----------|---|------------|
| Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. | | | |
| First Name: | | MI: | Last Name: |
| Date of birth (mm/dd/yyyy): ____/____/____ | | | |
| Primary Phone Number: | | | |
| Preferred Email: | | Secondary Email: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Self-Identification (Optional): <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native (Not of Hispanic or Latino Origin) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino Origin) <input type="checkbox"/> White (Not of Hispanic or Latino Origin) <input type="checkbox"/> Two or More Races <input type="checkbox"/> I prefer not to answer | | | |
| Permanent Address | | Current Address | |
| Street: | | Street: | |
| Apt./Suite: | | Apt./Suite: | |
| City: | | City: | |
| State/Province: Zip/Postal Code: | | State/Province: Zip/Postal Code: | |
| INTERNATIONAL STUDENTS | | | |
| Are you an international Student? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, are you eligible to work in the United States | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will you now or in the future require sponsorship for an employment visa? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is your country of origin? | | | |
| EDUCATION INFORMATION | | | |
| College/University: | | Expected Graduation Date: ____/____/____ | |
| Major 1: | Major 2: | Minor: | |
| Course Work: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate | | Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| Currently Studying for Exams Offered By: (please check all that apply) | | | |
| <input type="checkbox"/> Canadian Institute of Actuaries | | <input type="checkbox"/> Casualty Actuarial Society | |
| <input type="checkbox"/> The American College | | <input type="checkbox"/> The Institutes | |
| <input type="checkbox"/> The National Alliance for Insurance Research | | <input type="checkbox"/> Society of Actuaries | |
| <input type="checkbox"/> Other (Please specify): _____ | | <input type="checkbox"/> The Insurance Institute of Canada | |
| Designations Completed: | | | |





The following organizations have partnered with Gamma Iota Sigma to offer you access to their organizations through free student memberships. You are eligible to sign up for one or all of these memberships with no additional financial obligation. Note that each of the organizations provides its own set of benefits and is governed by different sets of membership guidelines. The duration of the membership may also differ from organization to organization.

| MEMBERSHIP ADD-ONS | |
|---|--|
| Business Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, you will be automatically registered as a Business Insurance student member and will receive a confirmation email with log in instructions. Your complimentary membership will remain active 24 months. Membership benefits include full access to content on www.businessinsurance.com, magazine archive pdfs, customizable email newsletters and breaking news alerts, and free registration to most Business Insurance events. Visit www.businessinsurance.com/membership or contactmembership@businessinsurance.com for further assistance.</p> | |
| Casualty Actuarial Society | |
| <p>By checking yes, GIS will automatically sign you up for free as a member of CAS Student Central, by providing the information supplied in this application directly to the Casualty Actuarial Society (CAS). Membership is automatically annually renewed; you can opt out at any time by contacting the CAS at CASstudentcentral@casact.org. Changes to your CAS Student Central membership status must be made directly with the CAS. Visit www.CASstudentcentral.org for more information on membership.</p> | |
| CPCU Society | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, Gamma Iota Sigma will automatically sign you up for a free student membership in the CPCU Society by providing the information you have supplied in this application directly to the CPCU Society. The membership will be valid through December 31, 2018. Visit https://www.cpcusociety.org/membership/benefits/gis-member-benefits for more information on membership benefits.</p> | |
| International Association of Black Actuaries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, GIS will automatically provide your contact information to IABA. IABA will contact you directly to provide you with a free member offer code and the link to their online membership application. Visit blackactuaries.org for more information on membership benefits.</p> | |
| International Association of Insurance Professionals Student Membership | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, GIS will automatically sign you up for a free student membership in IAIP, by providing the information supplied in this application directly to IAIP. The membership year runs from July 1 through June 30. Visit www.internationalinsuranceprofessionals.org for more information on membership benefits.</p> | |
| International Risk Management Institute, Inc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, you will receive a code via email to gain access to the full IRMI Online library which has been made newly available to all active GIS student members. You will have access to more than 75,000 total pages of critical risk management and insurance resources to help you succeed.</p> | |
| National Alliance for Insurance Education and Research | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, GIS will automatically sign you up for a free student membership benefits in The National Alliance, by providing the information supplied in this application directly to The National Alliance. The membership year runs from July 1 through June 30. Visit www.scic.com/GIS for more information on membership benefits.</p> | |
| Professional Liability Underwriting Society Student Membership | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, GIS will automatically sign you up for a free student membership in PLUS, by providing the information supplied in this application directly to PLUS. The membership will be valid through December 31, 2018. Visit www.plusweb.org for more information on membership benefits.</p> | |
| Wholesale & Specialty Insurance Association (formerly NAPSLO and AAMGA) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>By checking yes, GIS will sign you up to receive information from WSIA about internships, scholarships, symposiums or educational opportunities in the excess & surplus lines insurance arena. You will be maintained on the WSIA distribution list until you complete your undergraduate career as determined by the graduation date listed on this application. Please visit www.wsia.org to learn more about the organization and the E&S Industry."</p> | |

Please note that GIS does not have any control over when these organizations process the information it supplies to them in conjunction with these memberships.





Please specify whether you were introduced to Gamma Iota Sigma prior to starting your undergraduate career.

HIGH SCHOOL PROGRAM INVOLVEMENT

Were you introduced to Gamma Iota Sigma as a High School student? ☐ **Yes** ☐ **No**

How were you introduced to a career in insurance? *(Please check the applicable box or boxes below)*

☐ Faculty☐ Insurance Careers Month☐ MyPath☐ GIS Student Ambassador☐ InVEST Program☐ Other

Please list any internship experiences you have had in your undergraduate career.

INTERNSHIP EXPERIENCE

Organization:

City, State:

Year:

Organization:

City, State:

Year:

Organization:

City, State:

Year:

By providing your signature, you agree to the Code of Conduct as set forth below by Gamma Iota Sigma and provide consent to the Photo Release as specified below.

SIGNATURES**CODE OF CONDUCT**

In consideration of acceptance of my application for membership in Gamma Iota Sigma (GIS), I, _____, the undersigned, agree to behave at all times in a professional and responsible manner towards fellow GIS members and sponsors, collegiate peers and faculty and the public at large, and to maintain at all times the highest degree of moral and ethical conduct.

PHOTO RELEASE

I, _____, the undersigned, hereby authorize both my local chapter and the national chapter of Gamma Iota Sigma (GIS) to take photographs or videos of me in the course of any and all activities and events sponsored or associated with GIS. I acknowledge that these photographs or videos can be used in informational or promotional materials including but not limited to brochures, flyers, newsletters, reports, audio-visual presentations, the GIS social media pages, and web sites of GIS and its partnership organizations. In addition, I understand that these photographs or videos can be shared with external media organizations, including but not limited to newspapers, radio stations, and television stations, in order to further promote GIS.

I verify that the information herein is true and accurate. I further affirm that I will uphold the mission of Gamma Iota Sigma and abide by the bylaws that govern my chapter.

Signature of applicant:

Date:

Print Name:

