



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: Mr. Ms. Mrs.

First Name: _____ **MI:** _____ **Last Name:** _____

Date of birth (mm/dd/yyyy): ___/___/_____

Primary Phone Number: _____

Preferred Email: _____ Secondary Email: _____

Gender: **Male** **Female**

Self-Identification (Optional):
 Asian Black or African American Hispanic or Latino American Indian or Alaska Native (Not of Hispanic or Latino Origin)
 Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino Origin) White (Not of Hispanic or Latino Origin) Two or More Races I prefer not to answer

Permanent Address **Current Address**

Street: _____ Street: _____

Apt./Suite: _____ Apt./Suite: _____

City: _____ City: _____

State/Providence: _____ Zip/Postal Code: _____ State/Providence: _____ Zip/Postal Code: _____

INTERNATIONAL STUDENTS

Are you an international Student? **Yes** **No**

If yes, are you eligible to work in the United States **Yes** **No**

Will you now or in the future require sponsorship for an employment visa? **Yes** **No**

What is your country of origin? _____

EDUCATION INFORMATION

College/University: _____ Expected Graduation Date: ___/___/_____

Major 1: _____ Major 2: _____ Minor: _____

Course Work: Undergraduate Graduate Status: Full-Time Part-Time

Currently Studying for Exams Offered By: (please check all that apply)

Canadian Institute of Actuaries Casualty Actuarial Society Society of Actuaries
 The American College The Institutes The Insurance Institute of Canada
 The National Alliance for Insurance Research Other (Please specify): _____

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	
<p>Casualty Actuarial Society</p> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>CPCU Society</p> <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, 2016. Visit https://www.cpcusociety.org/membership/benefits/gis-member-benefits for more information on membership benefits.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>International Association of Black Actuaries</p> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>International Association of Insurance Professionals Student Membership</p> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>International Risk Management Institute, Inc.</p> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>National Alliance for Insurance Education and Research</p> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>National Association of Professional Surplus Lines Offices</p> <p>By checking yes, GIS will sign you up to receive information from NAPSLO about internships, scholarships, symposiums or educational opportunities in the excess & surplus lines insurance arena. You will be maintained on the NAPSLO distribution list until you complete your undergraduate career as determined by the graduation date listed on this application. Please visit www.napslo.org to learn more about the organization and the E&S Industry.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Professional Liability Underwriting Society Student Membership</p> <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, 2017. Visit www.plusweb.org for more information on membership benefits.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Risk and Insurance Management Society Student Membership</p> <p>By checking yes, GIS will automatically provide your contact information to RIMS. RIMS will contact you directly to provide you the link to their online application. Students may also apply directly at http://www.rims.org/JoinToday. The complimentary membership is available while the student is enrolled in school. Society dues will be waived during this time; please note the RIMS student membership year ends September 30, 2017 and local RIMS chapter dues may apply. Only full-time students who are not also employed full-time are eligible for RIMS student membership. Visit www.rims.org/students for more information on membership benefits.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Wholesale Insurance News Magazine</p> <p>WIN Magazine is a leading news publication for the wholesale insurance marketplace. Distributed to over 1.4 million insurance professionals in 40 countries around the world, WIN Magazine consists of articles that analyze and report on emerging risks, offer new ideas, and provide solutions to the needs, challenges, and opportunities afforded by the wholesale insurance market. By checking yes, you will sign up to receive a monthly distribution of the WIN Magazine from AAMGA.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how were you introduced to a career in insurance? (Please check the applicable box or boxes below)		
<input type="checkbox"/> Faculty	<input type="checkbox"/> Insurance Careers Month	<input type="checkbox"/> MyPath
<input type="checkbox"/> GIS Student Ambassador	<input type="checkbox"/> InVEST Program	<input type="checkbox"/> 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:	

