

INSURANCE INSTITUTE OF BARBADOS, INC

MEMBERSHIP APPLICATION FORM

I/We, the undersigned hereby apply for membership in the Insurance Institute of Barbados and agree to abide by the Constitution thereof:

NAME: (Mr./Ms./Mrs.) _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PHONE _____

JOB DESCRIPTION _____

NO. OF O' LEVELS _____

NO. OF A' LEVELS _____

OTHER QUALIFICATIONS (Degrees or Diplomas):

DATE:

Signature of Applicant

NB: THIS FORM MUST BE ACCOMPANIED BY THE FIRST ANNUAL SUBSCRIPTION OF \$40.00 AND SENT TO THE INSURANCE INSTITUTE OF BARBADOS.

FOR OFFICIAL USE ONLY

CLASS OF MEMBER

Ordinary Member

\$40.00