



TARRANT COUNTY INSURANCE PROFESSIONALS

Membership Application

Name: _____ DOB _____ (month/day)

Employer: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Designations: _____ No. of Yrs in Insurance: _____

Job Function: CSR Marketing Producer Claims Underwriter Adjuster
 Accounting Risk Mgmt Agency Owner Clerical Other _____

Type of Employer: Agency General Agency Insurance Co. Retired

Trade Assoc. Prem. Finance Adjusting Firm Other _____

Type of Ins handled: _____ Type of Ins License: _____

Dues for 2015-2016 \$60.00

_____ I am interested in serving on a committee

Meetings are held the 3rd Wednesday of each month at Pulido's Mexican Restaurant located at 2900 Pulido Street, Fort Worth, 76107

Please complete the form and send to the address below along with your payment. Checks are made payable to TCIP.

Mail To: Tarrant Co. Insurance Professionals
PO Box 343
Fort Worth, Texas 76101