



# Membership Application



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NAME

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COMPANY NAME

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TITLE

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ADDRESS

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CITY/STATE/ZIP

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PHONE

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FAX

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EMAIL

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WEBSITE

Benefits include the Federation's newsletters, invitations to "Breakfast With..." meetings that provide Members with exposure to important guest speakers—such as the Superintendent of Insurance, key legislators, top industry experts, and senior company executives—invitations to CLE and other Educational Forums with leading industry professionals, invitations to the Annual Spring Reception and Annual Free Enterprise Award Luncheon, and a communications network among a diverse cross section of industry professionals. Memberships are based on firm size..

**\$1,000.00 Corporate A (corporation w/ over 50 employees)**

**\$500.00 Corporate B (corporation w/ under 50 employees)**

**\$250.00 Not-for-profit or professional organization**

**\$125.00 Self employed or unaffiliated with a company**

*Corporate "A" members entitled to add 10 names to membership listing.*

*Corporate "B" members entitled to add 5 names to membership listing.*

*Not-for-Profit members entitled to add 3 names to membership listing.*

## PAYMENT OPTIONS

**Fax, email or mail with payment to:**

**IFNY • PO Box 9001 • Mount Vernon, NY 10552**

CHECK # \_\_\_\_\_ CHECK AMOUNT \$ \_\_\_\_\_

.....  
 CREDIT CARD

VISA    MASTERCARD    AMEX

*Please select one:*       Corporate Card       Personal

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Security Code:

*(M/C & Visa: last 4 digits in signature strip; Amex: last 3 digits in signature strip)*

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**A current calendar of upcoming events, online membership application,  
and registration for events is available  
on line at [www.ifny.org](http://www.ifny.org)**



**914-966-3180, ext. 110 • Fax: 914-966-3264  
email: [ifny@cinn.com](mailto:ifny@cinn.com)**