



National Association of Insurance Women (International)  
Louisville Association of Insurance Professionals  
P O Box 24508 Louisville, KY 40224

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### Local Association of Insurance Professionals Corporate Partnership Application

To apply for a Corporate Partnership, complete the following and return to:

**Deborah A. Wade, AINS, KACSR, CPIW, Louisville Assoc. of Ins. Professionals, P O Box 24508, Louisville, KY 40224**

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Company description: \_\_\_\_\_

\_\_\_\_\_

Web site address: \_\_\_\_\_

I would like to apply for a Local Corporate Partnership Level:

Gold Level : \$150 \_\_\_\_\_

Silver Level: \$100 \_\_\_\_\_

Bronze Level: \$ 50 \_\_\_\_\_

Payment: I have enclosed check number \_\_\_\_\_ payable to LAIP in the amount of \$ \_\_\_\_\_.

By signing this application, I understand my Corporate Partnership begins July 1, 2011. I authorize LAIP to send me written and/or electronic information regarding my benefits and LAIP programs. Our affiliation with LAIP does not guarantee remuneration of any kind.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

