

THE ASSOCIATION OF LIFE INSURANCE COUNSEL

3815 RIVER CROSSING PARKWAY, SUITE 100

INDIANAPOLIS, IN 46240

(317) 566-2154 . (317) 566-2155 (Fax)

www.alic.cc

APPLICATION FOR MEMBERSHIP

1. _____
Name *Title*

Company, Firm or Organization

Business Address

Telephone Number *Extension*

Fax Number *Email*

Familiar Name (Optional, to appear in ALIC Membership Book and on Name Badge)

Spouse Name

Residence Address *Home Phone*

2. **Eligibility** - I hereby certify that I meet the following eligibility requirement for membership: (check ~~complete~~ the applicable requirement:

- In house counsel with a legal reserve life insurance company, or in-house counsel with an affiliate of a legal reserve life insurance company devoting more than one-half of practice time to providing legal services to an affiliated legal reserve life insurance company or an affiliated group of legal reserve life insurance companies.

(Employer)

(Primary legal reserve life insurance company, if different, and nature of affiliation with Employer)

- Lawyer in full-time private practice devoting a substantial portion (generally more than one-half) of practice time to providing legal services to one or more legal reserve life insurance companies or recognized insurance industry associations operating in the general field of legal reserve life insurance

(Name of Law Firm)

- Member of the legal staff of a recognized insurance industry association operating in the general field of legal reserve life insurance

(Name of Association)

3. Background Information

Please attach your biography covering each of the following items:

(a) Educational background

(b) Professional history (including dates)

(c) Professional or other associations

4. Bar Admissions

Please list the jurisdictions in which you are admitted to the practice of law:

5. Proposing Letters

All applications must be supported by a letter proposing you for membership from an active member of the association. If you are a lawyer in private practice, the active member proposing you for membership must be an in house counsel with a legal reserve life insurance company or on the legal staff of a recognized insurance industry association operating in the general field of legal reserve life insurance. Letters, as well as the application, should be sent to the Secretary-Treasurer of the Association at the address shown above.

Name and affiliation of proposing member:

The undersigned Applicant agrees to pay annual membership dues in accordance with the Bylaws and to notify the Board of Governors promptly with respect to any event that would cause me to cease to satisfy the conditions of Active Membership set forth in the Bylaws (which can be viewed on the Association's website at www.alic.cc).

Dated:

Applicant (signature)

Applicant (print or type name)
