

2019 NATIONAL AND STATE CHAPTER DUES NOTICE

TO: Insurance Members
RE: 2019 DUES

Dues for the 2019 membership year are \$95.00 (\$70.00 for National and \$25.00 for each State Chapter, if you choose to belong to more than one). Please indicate your chapter membership(s). If you wish to pay by credit card, please fill out the information at the bottom of the Dues Notice on page 2.

__ AL __ FL __ GA __ IL __ IN __ KY __ MI __ MO __ OH __ TN __ Other (Specify)

TOTAL: _____

Dues are to be submitted within (30) days of receipt and made payable to NSPII at NSPII, P.O. Box 88, Delaware, OH 43015.

COMPLETE THE FOLLOWING INFORMATION TO UPDATE MEMBERSHIP RECORDS (PLEASE PRINT OR TYPE INFORMATION SO IT IS LEGIBLE OR ATTACH A BUSINESS CARD):

__ Mr. __ Mrs. __ Ms. PLEASE CHECK TITLE

(Name)

(Name of Employer)

(Office Address)

(Office Telephone)

(City, State, Zip)

(Mobile Telephone)

(Home Address)

(Facsimile Number)

(City, State, Zip)

(E-Mail Address)

Please choose up to (3) business pursuits listed below to be included under "Occupation" on the Members Only section of the web site.

- Accident Reconstructionist
Arborist
Attorney
Certified Public Accountant
Chemist/Laboratory Analyst
Chiropractic Consultant
Claim Manager: Auto
Claim Manager: Commercial
Claim Manager: Injury
Claim Manager: Multi-Line
Claim Manager: Personal
Computer Data Recovery/Analysis
Department of Insurance
Engineer: Chemical
Engineer: Civil
Engineer: Electrical
Engineer: Geotechnical
Engineer: Mechanical
Engineer: Multi-Discipline
Engineer: Structural
Explosives Expert
Fire Department
Medical Records Consultant
Metallurgist
NICB
Private Investigator
Psychiatric Consultant
Public Agency Investigator
SIU Investigator: Auto
SIU Investigator: Commercial
SIU Investigator: Injury
SIU Investigator: Multi-Line
SIU Investigator: Personal

- | | | |
|---|--|---|
| <input type="checkbox"/> Claim Manager: Property | <input type="checkbox"/> Fire Investigator: Origin & Cause | <input type="checkbox"/> SIU Investigator: Property |
| <input type="checkbox"/> Claim Manager: Workers Comp | <input type="checkbox"/> Forensic Accountant | <input type="checkbox"/> SIU Investigator: Workers Comp |
| <input type="checkbox"/> Claim Representative: Auto | <input type="checkbox"/> Forensic Locksmith | <input type="checkbox"/> SIU Manager: Auto |
| <input type="checkbox"/> Claim Representative: Commercial | <input type="checkbox"/> Forensic Mechanic | <input type="checkbox"/> SIU Manager: Commercial |
| <input type="checkbox"/> Claim Representative: Injury | <input type="checkbox"/> Handwriting Analyst | <input type="checkbox"/> SIU Manager: Injury |
| <input type="checkbox"/> Claim Representative: Multi-Line | <input type="checkbox"/> Health Care Consultant | <input type="checkbox"/> SIU Manager: Multi-Line |
| <input type="checkbox"/> Claim Representative: Personal | <input type="checkbox"/> Independent Insurance Adjuster | <input type="checkbox"/> SIU Manager: Personal |
| <input type="checkbox"/> Claim Representative: Property | <input type="checkbox"/> Insurance Consultant | <input type="checkbox"/> SIU Manager: Property |
| <input type="checkbox"/> Claim Representative: Workers Comp | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> SIU Manager: Workers Comp |
| | | <input type="checkbox"/> SIU Analyst |

Which Address Do You Want on Members Only Section on NSPII Web Site? ___ Home ___ Business

Which Address Do You Want Materials Mailed To? ___ Home ___ Business

PLEASE NOTE THAT AS A CONDITION OF MEMBERSHIP, OUR BYLAWS REQUIRE YOU EACH YEAR TO ATTEND AT LEAST TWO CHAPTER MEETINGS, OR A CHAPTER SEMINAR, OR A NATIONAL ANNUAL SEMINAR.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE EXECUTIVE SECRETARY AT 1-888-677-4498.

Please review and answer the following questions:

(1) Have you changed occupation or employment since the last Dues Notice?

___ Yes ___ No If you checked yes, please explain:

(2) Have you ever been or worked for a plaintiff in connection with an insurance matter other than a subrogation claim?

___ Yes ___ No If you checked yes, please explain and give percentage:

(3) Each member has the opportunity to provide a **800 character bio and digital picture of yourself**. If you would like to take advantage of either, you just need to e-mail your 800 character or less bio and a high resolution (between 80-100 KB in size) .jpeg formatted picture to nspii@nspii.com.

Cardholder Name	
Account Number	
Expiration Date	
Card Type (Visa/MC/AMEX)	
Cardholder's Billing Address w/Zip Code	
CVV/CVC (3 digit # on back of card)	
SIGNATURE:	

If paying by Credit Card, you can e-mail (nspii@nspii.com) or fax (740) 369-7155 your completed Dues Notice back to Mary Beth Robinson.