

# Inter-Company Marketing Group Membership Application

Full Name: \_\_\_\_\_ Nickname (if you go by other than your first name): \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Website: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ (if OK to include mobile in Directory, check here \_\_\_\_\_.)

Email: \_\_\_\_\_ (Required - email address will be your login ID in the ICMG website.)

LinkedIn URL: \_\_\_\_\_ Twitter @ \_\_\_\_\_

## Membership Eligibility

Please indicate which of the following eligible company types describes your company. See [www.icmg.org/membership](http://www.icmg.org/membership) for more on membership eligibility.

- |  |  |
|--|--|
| <input type="checkbox"/> Insurance Carrier   | <input type="checkbox"/> Actuarial Services Company                              |
| <input type="checkbox"/> Fraternal Organization  | <input type="checkbox"/> Third Party Administrator                               |
| <input type="checkbox"/> Reinsurance Company   | <input type="checkbox"/> Non-Insurance Product Manufacturer (eg, Discount Plans) |
| <input type="checkbox"/> Insurance Marketing Organization (eg Agency, Brokerage, MGA, MGU) | <input type="checkbox"/> Other Company Type* (specify): _____                    |
| <input type="checkbox"/> Other Type of Insurance Distributor (eg Bank)                     |  |
| <input type="checkbox"/> Managed Care Company (HMO/PPO)                                    |  |
- \*Subject to ICMG approval

## How Did You Hear About ICMG?

- Referral (please enter the name of the person who referred you): \_\_\_\_\_
- Industry Publication: \_\_\_\_\_
- Direct Marketing
- Industry Meeting: \_\_\_\_\_
- Replaced a Member (enter name): \_\_\_\_\_
- Website: \_\_\_\_\_
- Was Already Aware of ICMG
- Other: \_\_\_\_\_

## Products Manufactured/Distributed by Your Organization, Services Provided & Target Markets:

Mfr	Distr	Individual Products	Mfr	Distr	Group Products	Services Provided	Target Markets
<input type="checkbox"/>	<input type="checkbox"/>	Universal Life	<input type="checkbox"/>	<input type="checkbox"/>	Life	<input type="checkbox"/> Compliance/Regulatory	<input type="checkbox"/> Seniors
<input type="checkbox"/>	<input type="checkbox"/>	Whole Life	<input type="checkbox"/>	<input type="checkbox"/>	Disability	<input type="checkbox"/> New Business/Underwriting	<input type="checkbox"/> Juveniles
<input type="checkbox"/>	<input type="checkbox"/>	Term Life	<input type="checkbox"/>	<input type="checkbox"/>	Dental	<input type="checkbox"/> Policyholder Services	<input type="checkbox"/> Low Income
<input type="checkbox"/>	<input type="checkbox"/>	Fixed Annuity	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/> Call Center Support	<input type="checkbox"/> Middle Income
<input type="checkbox"/>	<input type="checkbox"/>	Indexed Annuity	<input type="checkbox"/>	<input type="checkbox"/>	Medical	<input type="checkbox"/> Benefits/Claims	<input type="checkbox"/> Affluent
<input type="checkbox"/>	<input type="checkbox"/>	Variable Annuity	<input type="checkbox"/>	<input type="checkbox"/>	Medicare Advantage	<input type="checkbox"/> Advertising	<input type="checkbox"/> Blue Collar
<input type="checkbox"/>	<input type="checkbox"/>	Major Medical	<input type="checkbox"/>	<input type="checkbox"/>	Medicare Supplement	<input type="checkbox"/> Print/Supply Fulfillment	<input type="checkbox"/> White Collar
<input type="checkbox"/>	<input type="checkbox"/>	Basic Medical	<input type="checkbox"/>	<input type="checkbox"/>	Medicare Part D	<input type="checkbox"/> Actuarial	<input type="checkbox"/> Business Owners
<input type="checkbox"/>	<input type="checkbox"/>	Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	LTC	<input type="checkbox"/> Lead Generation	<input type="checkbox"/> Self-Employed
<input type="checkbox"/>	<input type="checkbox"/>	Disability	<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness/Cancer	<input type="checkbox"/> Education/Certification/Training	<input type="checkbox"/> Worksite
<input type="checkbox"/>	<input type="checkbox"/>	Dental	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Life/Disability/Accident	<input type="checkbox"/> Software/Technology	<input type="checkbox"/> Homeowners/Mortgagees
<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Reinsurance	<input type="checkbox"/> Health Care Systems/Networks	<input type="checkbox"/> Schools/Nonprofits
<input type="checkbox"/>	<input type="checkbox"/>	Accident				<input type="checkbox"/> Association Management	<input type="checkbox"/> Insurance Professionals
<input type="checkbox"/>	<input type="checkbox"/>	LTC				<input type="checkbox"/> Managed Care	<input type="checkbox"/> Insurance Companies
<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Critical Illness				<input type="checkbox"/> Marketing Support	<input type="checkbox"/> Rural
<input type="checkbox"/>	<input type="checkbox"/>	Medicare Advantage				<input type="checkbox"/> Web Development/Internet Marketing	<input type="checkbox"/> Metropolitan
<input type="checkbox"/>	<input type="checkbox"/>	Medicare Supplement				<input type="checkbox"/> Other services: _____	<input type="checkbox"/> Other target markets: _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicare Part D					
<input type="checkbox"/>	<input type="checkbox"/>	Credit Life & Disability					
<input type="checkbox"/>	<input type="checkbox"/>	Property & Casualty					
<input type="checkbox"/>	<input type="checkbox"/>	Final Expense					
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Need					
<input type="checkbox"/>	<input type="checkbox"/>	Non-Insurance (dental, vision discounts etc.)				Other Products Manufactured: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Reinsurance				Other Products Distributed: _____	

## Member Description & Photo

Each member gets to include up to 100 words describing what they offer and/or are looking for in ICMG, which appears in your online listing and in the printed Membership Directory. You can enter this yourself in your member profile, or email it to [info@icmg.org](mailto:info@icmg.org). You can also enter or send us a photo of yourself that will appear in your online listing.

## Send With Payment of \$175 Annual Dues (Jan-Dec)

Check payable to ICMG

Credit Card \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Fax (credit card payments only): 888-220-5492**