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Description automatically generatedInternational Association of Special Investigation Units**

Greater Pittsburgh Chapter

**P. O. Box 23 South Park, PA 15129**

# Membership Application & Yearly Renewal Form 2025

**Regular membership** - Shall include: (1) Insurance company employees whose primary purpose is the full-time investigation and/or supervision of investigation of insurance fraud. (2) An employee of a self-insured corporation who is employed and assigned to a Special Investigation Unit and whose primary purpose is the full-time investigation and/or supervision of investigation of insurance fraud. The individual and the organization must be engaged in anti-fraud activities and must be in conformance with the goals and objectives of the association. Provided, however, any such individual whose professional activities and personal background are considered adverse to the objectives and interests of the association shall not be deemed eligible for membership. (3) An agent, special agent of the National Insurance Crime Bureau (US), the Insurance Bureau of Canada, Larmtjanst AB (Sweden), the Danish Insurance Association (Denmark), Norwegian Insurance Federation (Norway), Finnish Motor Insurers' Centre (Finland), or Finnish Insurance Federation (Finland).

**Associate membership** - Shall include: (1) Local, state, federal, provincial, or similar governmental entities' law enforcement officer, or prosecutor who is involved in, or provides special expertise or services for the investigation and/or prosecution of insurance fraud crime. (2) A full-time investigator or investigations supervisor of a state insurance fraud bureau. (3) Any employee of an insurance company or any employee of a government agency who is involved in, or provides special expertise or services for the investigation of insurance fraud, who is endorsed in writing by a regular member.

## Personal Information (Use “Tab” to navigate between boxes)

**First Name**: Click to enter text. **MI**: Click to enter text.

**Last Name**: Click to enter text. **Email**: Click to enter text.

**Company**: Click to enter text. **Work Title**: Click to enter text.

**Address**: Click to enter text. **Suite, Box, Etc**.: Click to enter text.

**City**: Click to enter text. **State**: Click to enter text. **Zip Code**: Click to enter text.

**Business Phone**: Click to enter text. **Fax**: Click to enter text.

**Cell Phone**: Click to enter text.

## Employer Description

Insurance Carrier  Law Enforcement  National Insurance Crime Bureau

Annual Dues: $ 25.00

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

### Administration Fee:

**(New Members Only) 10.00**

Please mail this completed form, along with your check made out to Pittsburgh IASIU Chapter, to: **P.O. Box 23 South Park, PA 15129.**

Please return this as soon as possible, thank you.