



...education for a changing world

456 Public Ledger Building - Philadelphia, PA 19106-0088 (215)627-5306 [www.insurancesociety.org](http://www.insurancesociety.org)

### ISOP MEMBERSHIP APPLICATION

<b>Company/Organization/Individual Name</b>				<b>CEO's Name</b>			
<b>Street Address</b>				<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Main Ph.#</b>			<b>Fax #</b>			<b>E-mail</b>	
<b>Number of employees, address of other locations.</b>							
<b>#</b>	<b>Street Address</b>			<b>City</b>		<b>State</b>	<b>Zip</b>
<b>X</b>	<b>Type of Organization Applying (Check Most Applicable)</b>						
	<b>Insurance Carrier</b>		<b>Agency</b>		<b>Broker</b>		
	<b>Risk Management Dept.</b>		<b>Law Firm</b>		<b>Independent Adjuster</b>		
	<b>University/College</b>		<b>Association</b>		<b>Other (describe below)</b>		
<b>X</b>	<b>Type of Operation (Check Most Applicable)</b>						
	<b>Home Office</b>		<b>Regional Operation</b>		<b>Local</b>		
<b># Personnel in your organization:</b>				<b># Course publications requested</b>			
<b>Do you have formal in-house training?</b>			<b>Yes</b>		<b>No</b>		
<b>List the kinds of programs offered internally.</b>							
<b>Name/title of person submitting application</b>							
<b>Name of person to correspond with.</b>							
<b>Names of others wishing to receive program correspondence (Include CE/LE coordinator)</b>							
<b>Share comments below that will allow us to serve you better</b>							

Please include organization directory/chart or materials that describe your operation.

**Date:** \_\_\_\_\_ **Your Signature:** \_\_\_\_\_

*Thank you for this application and your support of a society for learning and professionalism!*



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INSURANCE SOCIETY of Philadelphia

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### ANNUAL MEMBERSHIP DUES SCHEDULE

Number Of Employees	Rate
1 – 10	\$ 275.00
11 – 20	\$ 385.00
21 – 50	\$ 540.00
51 – 100	\$ 715.00
101 – 150	\$ 925.00
151 – 500	\$ 1,155.00
501 & Over	\$ 2,730.00
Risk Management Departments 1- 4	\$ 175.00
Risk Management Departments 5 +	\$ 225.00
Professional Organizations/Associations	\$ 130.00
Individual Membership (1-year)	\$ 95.00
Individual Membership (2-year)	\$ 85.00/yr
Individual Membership (3-year)	\$ 75.00/yr

- Upon form completion, fax to (215)627-2754 or e-mail to [info@insurancesociety.org](mailto:info@insurancesociety.org)
- For more information, call (215)627-5306 or e-mail [info@insurancesociety.org](mailto:info@insurancesociety.org).
- Visit us on the web at: [www.insurancesociety.org](http://www.insurancesociety.org).

#### Payment

Credit Card (Bank)	Name on Card	Number			

(M.C./Visa/Amex)

Expiration Date:		Reference Code:	
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Make checks payable to “Insurance Society of Philadelphia” and mail to  
**620 Chestnut St.**  
**456 Public Ledger Building**  
**Philadelphia, PA 19106**