

APPLICATION PROCESS for MNIASIU Membership

1. Complete membership application with IASIU
Note: MNIASIU membership shall only include members in good standing with the IASIU
2. Complete this form- online or print and mail/fax/email
3. Submit \$25.00 membership fee- mail or through PayPal (when available)
Note: No fees for those qualified for Associate Membership

Additional information:

Make Checks Payable to: MNIASIU

Mailing Address: PO Box 385102, Minneapolis MN, 55438

Membership Questions Email: secretary@mnicasiu.com

Membership Questions Board Contact: Dale Krueger (651) 365-9041

Online Membership Application: <http://mnicasiu.com/membership.html>

MNIASU Membership Criteria

REGULAR

Article II, Section 1 IASIU Constitution

"Regular" membership shall include only insurance or self-insured company employees primarily engaged in the investigation and/or supervision of insurance fraud and Special Agents or Supervisory Special Agents of the National Insurance Crime Bureau or ICPB.

ASSOCIATE*

Article II, Section 1 IASIU Constitution

"Associate" membership shall include any individual or representative of an insurance company or government agency, who is involved, or provides special expertise or services for the investigation of insurance fraud, who is endorsed in writing by a "regular" member and is not less than 18 years of age. "Associate" membership also shall include a local, state or federal 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.

**Sworn law enforcement and fire personnel are eligible for Associate chapter membership without being members of the International Association of Special Investigation Units. If they wish to join the International Association, they may do so, at the normal International membership fee.*

LEGAL ADVOCATE

Article II, Section 1 IASIU Constitution

"Legal Advocate membership shall include any person licensed to practice law in the state where membership is being sought and who certifies that providing legal counsel and representation to insurers in defense of insurance claims constitutes a majority of their practice; and further certifies that they do not engage in plaintiff advocacy against insurers except on behalf of other insurers in subrogation actions"

MNIASIU MEMBERSHIP APPLICATION

New Membership _____ (please include a copy of your IASIU Membership application)

-or-

Membership Renewal _____ IASIU Member Number _____

-and-

Type of Membership You're Applying for _____

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Company _____ Position _____

Email Address _____ Phone _____

Address _____

Supervisor's Name _____ Supervisor's Phone _____

Supervisor's Email Address _____

ASSOCIATE MEMBERSHIP ONLY

Sponsor's Name _____ Sponsor's Title _____

I hereby make application for membership in the International Association of Special Investigation Units, MN Chapter. In accordance with its Constitution and Bylaws and Code of Ethics, I agree to be bound therewith. All of the information contained in this application is warranted by me to be true. I understand this application is subject to acceptance by the Board of Directors and further, that if my employment duties change so as to fall outside the requirements for membership, my membership in the organization shall be terminated.

Signature _____ Date _____