Membership Application
- Public Interest Organizations -

Name of organization ________________________________________

Primary contact ____________________________________________

Title ______________________________________________________

Address ___________________________________________________

City _____________________ State_______ Zip  ______________

Phone ____________________________________________________

Fax _______________________________________________________

e-mail _____________________________________________________

Overall mission of organization: ______________________________

________________________________________________________________


Mission as it relates to insurance fraud detection, prevention,
investigation and/or prosecutor: ________________________________

________________________________________________________________

Primary interest in anti-fraud activities (check all that apply):

__  Crime prevention, investigation and/or prosecution
__  Prevention of fraud against consumers
__  Help keep insurance affordable for consumers
__  Building public awareness about fraud
__  Sponsoring research about insurance fraud
__  Other ________________________________________________

Membership is open to state, national and international organizations as well as local
prosecutors. Recognized consumer and government organizations are not assessed dues
to belong to the Coalition Against Insurance Fraud.

My organization wishes to join the Coalition Against Insurance Fraud as
a public interest member. We agree to abide by the organization’s bylaws
and pledge to remain a member in good standing. I have the authority to
make this commitment on behalf of my organization.

Signature __________________________ Date ______________________

Completed applications may be sent by mail to the address above, by e-mail to
Coalition@insurancefraud.org or by fax to 202-517-9139.