



MILITARY CARE PACKAGE DRIVE!

Help us support our troops by donating some of the suggested items listed below. We will be creating care packages and mailing them overseas to our military men and women. Most of these items can be purchased at Wal-Mart, Dollar General, 99Cent Store, etc. Please do not donate anything breakable or fragile. In addition to the items listed below, we are also looking for monetary donations to assist in the shipping costs such as boxes and postage.

Please bring ALL items to the January 14th DAIP meeting, OR you can drop off your items at our office, no later than Thursday, January 21st

(Monday - Friday, 8a-5p)

QuestPro Consultants

17300 Preston Road, Suite 350

Dallas, Texas 75252

(972) 960-1305

Please see the next page for the items needed:

- **Homemade baked goods, cookies or brownies. But not if they can melt - like chocolate. Your cookies may arrive broken into crumbs but, believe us, the Soldiers will love them anyway !!!!!**
- **Sports items like baseball caps, baseballs, footballs, volley balls, soccer balls, etc. These would be used by Soldiers - or given as gifts from America to Iraqi and Afghani kids. And yes, it REALLY DOES make a difference.**
- **Handy wipes. Soldiers frequently find themselves deployed at checkpoints in Iraqi or Afghani neighborhoods for 3-7 days before they can rotate back to a larger and more adequately resourced Forward Operating Base (FOB).**
- **Newspapers & Paperback books**
- **Magazines (for guys and gals)**
- **Batteries - AAA, AA, and D sizes**
- **Puzzles, chess, checkers or other board games, playing cards/books**
- **Boot socks - Soldiers never have enough socks.**
- **Eye drops - non-prescription, moisturizing**
- **Powdered drink mixes like Gatorade or Propel, snacks, and some microwaveable items**
- **Audio cassettes, CDs, VCR/DVD movies (American standard) - even if slightly used**
- **PSP2, XBox360, MP3 Players & electronic games. If you send one, Soldiers will share it with lots of others.**

Do you know who's who at DAIP.....

2009 – 2010 Board Members & Committee Chairs			
President	Linda Anderson, CISR	Education	Tabitha Richardson, ACSR, WCS
President Elect	Shanna Sutton, CISR	Long Range Planning	Alice Macik
Vice President	Tabitha Richardson, ACSR, WCS	Membership	Shanna Sutton, CISR
Treasurer	Kristi Jacobs, ACSR	Newsletter	Joyce Keith/Denise Chavez
Corresponding Secretary	Carolyn Owen, ACSR	Programs	Tonia Anderson
Recording Secretary	Kristina Dixon, CIC	Public Relations	Carolyn Owen, ACSR
Director	Jenny Blackwood	Ways & Means-Special	Kim Angell, ACSR/ Roy Powell, CIC, PIMT
Director	Mary Donlon	Ways & Means-Monthly	Crystal Santana
Director	Jan Savage, CIC, ACSR	Convention Liaison	Jan Savage
Director & Immediate Past President	Alice Macik	Holiday Party	Christy Salazar
Parliamentarian	Toni Campbell, ACSR	Installation	Alice Macik
Audit	Melanie Shannon, Dual ACSR	Officers Training	Jenny Blackwood, Mary Donlon, Jan Savage, CIC, ACSR, Alice Macik
Budget & Finance	Kristi Jacobs, ACSR	Permanent Records	Kristina Dixon, CIC
Bylaws	Catherine Butschek, CIC	Sunshine	Kendra Cagle
Communication	Stephanie Mouzone	Community Service	Debbie Hubbell/ Marcie Burns

Membership Renewals & New Memberships are underway!!

Annual Dues:

\$80.00 (Employed Members)

\$65.00 (Retired Members)

RETURN TO: DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS
C/O MEMBERSHIP CHAIRPERSON
P.O. BOX 742044
DALLAS, TX 75374

A membership form for both DAIP and FIWT are included with this newsletter, for your convenience.



Reminder!

DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS

MEMBERSHIP APPLICATION

NEW MEMBER ACTIVE ASSOCIATE DAIP USE:
 RENEWAL RETIRED HONORARY DATE REC: _____ 1ST Visit: _____
CHECK#: _____ DATE APPR. _____

NAME: _____ EMPLOYER: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ BUSINESS#: _____ FAX#: _____

EMAIL ADDRESS: _____

PLEASE SPECIFY PREFERRED MAILING ADDRESS:

HOME BUSINESS

POSITION: _____

YEAR JOINED DAIP: _____ LICENSE(S): _____

YEARS IN INS.: _____ DESIGNATION(S): _____

D.O.B.: _____ YEAR(S) FIWT MEMBER: _____

NEW MEMBERS MUST BE ENDORSED BY TWO ACTIVE MEMBERS:

1) _____ 2) _____

THE FOLLOWING IS A LIST OF DAIP COMMITTEES. PLEASE INDICATE ANY COMMITTEE(S) YOU MIGHT BE INTERESTED IN:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> AUDIT | <input type="checkbox"/> LONG RANGE PLANNING | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> HOLIDAY PARTY | <input type="checkbox"/> SAFETY |
| <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> COMMUNITY SERVICE | <input type="checkbox"/> SUNSHINE |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> OFFICER TRAINING | <input type="checkbox"/> COMMUNICATIONS |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> CONST. & BYLAWS | |
| <input type="checkbox"/> PROGRAM | <input type="checkbox"/> PARLIMENTARY PROCEDURE | |

ANNUAL DUES: DUE BY JULY 1 DELINQUENT AFTER SEPT 1
\$80.00 EMPLOYED MEMBERS \$65.00 RETIRED MEMBERS

NEW MEMBERS ONLY (OR ANY UPDATES TO PREVIOUS APPLICATIONS):

SPOUSE: _____ CHILDREN/AGES: _____

HOBBIES: _____

RETURN TO: DALLAS ASSOCIATION OF INSURANCE PROFESSIONALS
C/O MEMBERSHIP CHAIRPERSON
P.O. BOX 742044
DALLAS, TX 75374

Don't forget to complete the FIWT Application

Please also complete the FIWT Membership Application and mail in with your DAIP application.

FEDERATION OF INSURANCE WOMEN OF TEXAS, INC.

MEMBERSHIP APPLICATION

Return To:
[] Local Membership Chairperson to be Forwarded to FIWT

Dues Fees:
[] Included in Local Dues

MEMBER INFORMATION

Name: _____ Designations: _____

Employer: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ Home: _____

Email: _____ Website Address: _____

Joining As: [] Member-at-Large or [] Member of Local Assn _____
Name of Association

MEMBER PROFILE

1) Number of years employed in the insurance industry.

___ 0-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ 21-25 ___ 26-30 ___ 30+ ___ 40+ ___ 50+

2) Job function (please check **ONE** which most closely applies):

___ CSR/Services ___ Producer ___ Agency Owner ___ Risk Management
___ Adjuster ___ Claims ___ Accounting ___ Marketing
___ Underwriting ___ Clerical ___ Premium Fin. ___ Other

3) Employer (please check **ONE** which most closely applies):

___ Insurance Agency ___ Adjusting Firm ___ Trade Association
___ Insurance Company ___ Managing GA ___ Retired
___ Premium Finance ___ Other _____

4) Type of Business (please check **ALL** that apply):

___ P/C ___ Life/Accident/Health ___ Finance ___ Other

5) Type of insurance license you currently hold (please check **ALL** that apply):

___ Local Recording Agent ___ Group I ___ Group II ___ Solicitor
___ Insurance Service Rep ___ Risk Manager ___ Adjuster (type) _____

6) Professional Designations (please check **ALL** that apply):

___ PIWT ___ ACSR ___ Dual ACSR ___ CISR ___ CIC
___ AAI ___ AU ___ Other _____

7) What year did you join FIWT? _____

Attached to the Membership Application for the Dallas Association of Insurance Professionals