



BUILDING THE LEADERS WHO BUILD THE INSURANCE, INVESTMENT & FINANCIAL SERVICES INDUSTRY

Applicant Information (Please print clearly)

Personal Information

Please print or type

Mr. | Ms. | Mrs. | Other | Male | Female

Name _____

Designations _____

Title _____

SSN # XXX - XX - (_____)

Business Information

Where do you prefer to receive mail?

Business | Home

Company Affiliation _____

Agency / Firm Office Name _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____

Country _____ ZIP Code _____

Business Phone _____

Business Fax _____

Toll-Free Number _____

Business E-mail Address _____

Is this your primary e-mail address? Yes No

Home Information

Street Address 1 _____

Street Address 2 _____

City _____ State _____

Country _____ ZIP Code _____

Home E-mail Address _____

Is this your primary e-mail address? Yes No

Home Phone _____

Home Fax _____

Leaders of Today & Tomorrow Program



I'm interested in knowing more about the Leaders of Today & Tomorrow Program (LoTT) — for members 40 years and younger or with fewer than five years in field management.

I already know about the LoTT Program. Please sign me up today!

Applicant Profile

Which of the following best describes your role?

Regular Member (Please choose one)

- First-line Management (Head of Firm or Agency):** Responsible for the strategic leadership and operational management of a financial services firm or agency
- Frontline Management (Sales or Unit Manager):** Responsible for recruiting, selecting, training, supervising or coaching financial services advisors or agents
- Home Office Executive:** Responsible for providing key supervision or support to the corporation's field leaders or sales force

Functional Specialist

Noncommissioned firm or agency specialist who plays an important role in today's field leadership teams, such as recruiters, marketing directors, equity specialists or trainers (Please choose one)

- Recruiting
- Marketing
- Training
- Equity / Investments
- Compliance
- Technology
- Business Operations
- Other: _____

Emeritus Member

- Anyone who's been a member of GAMA for 10 years or more, is 55 years or older and retired and is interested in staying abreast of industry trends and supporting GAMA International

Associate Member

- Anyone not eligible for one of the above member categories who is interested in promoting the objectives of GAMA International

Other Information

Please indicate your preferred method of receiving communication from GAMA: E-mail Fax Mail

Years in Industry _____

Years in Field Management _____

Date of Birth ____ / ____ / ____

Referred by _____

3 Ways to Join GAMA International

1. **FAX** this form and credit card information to 571-499-4302
2. **ONLINE** at www.gamaweb.com
3. **MAIL** with payment to: GAMA INTERNATIONAL
2901 TELESTAR COURT
SUITE 140
FALLS CHURCH, VA 22042



Payment Information

Types of Membership:	Regular Member	Functional Specialist	Emeritus Member	Associate Member
Enrollment Periods				
January – March	<input type="checkbox"/> \$350 (current year)	<input type="checkbox"/> \$175 (current year)	<input type="checkbox"/> \$100 (current year)	<input type="checkbox"/> \$450 (current year)
April – June	<input type="checkbox"/> \$263 (current year)	<input type="checkbox"/> \$175 (current year)	<input type="checkbox"/> \$100 (current year)	<input type="checkbox"/> \$450 (current year)
July – September	<input type="checkbox"/> \$450 (upcoming year)*	<input type="checkbox"/> \$263 (upcoming year)*	<input type="checkbox"/> \$150 (upcoming year)*	<input type="checkbox"/> \$675 (upcoming year)*
October – December	<input type="checkbox"/> \$350 (upcoming year)*	<input type="checkbox"/> \$175 (upcoming year)*	<input type="checkbox"/> \$100 (upcoming year)*	<input type="checkbox"/> \$450 (upcoming year)*

In some instances, companies subsidize individual membership dues. We will contact you within 72 hours to confirm your membership and any possible reduction in the cost of your dues.

According to GAMA International bylaws, only active members of GAMA International may vote. Active members consist of regular and functional specialist members, as defined on this form.

* Includes dues through December of the coming year.

<input type="checkbox"/> MasterCard	Expiration Date	/ /
<input type="checkbox"/> Visa	Billing ZIP Code	
<input type="checkbox"/> American Express	Amount	
Credit Card Number		
Signature		

FOR MORE INFORMATION OR TO APPLY ONLINE, VISIT WWW.GAMAWEB.COM OR CALL 1-888-275-0091.

Member Demographics

Personal range of income last year: <input type="checkbox"/> Under \$100,000 <input type="checkbox"/> \$100,000 – \$249,999 <input type="checkbox"/> \$250,000 – \$499,999 <input type="checkbox"/> \$500,000 – \$749,999 <input type="checkbox"/> \$750,000 – \$999,999 <input type="checkbox"/> \$1,000,000 – \$2,499,999 <input type="checkbox"/> \$2,500,000 and up	My market is best described as: <input type="checkbox"/> Traditional Life <input type="checkbox"/> Fee-Based Planning <input type="checkbox"/> Equities / Investments <input type="checkbox"/> Multiline / Property and Casualty <input type="checkbox"/> Middle Market <input type="checkbox"/> Fraternal <input type="checkbox"/> Other _____	Please indicate your areas of interest: <input type="checkbox"/> Leadership & Culture <input type="checkbox"/> Recruiting & Selection <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Supervision & Accountability <input type="checkbox"/> Producer Development <input type="checkbox"/> Retention <input type="checkbox"/> Team Building
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Terms of Membership

In consideration of my acceptance as a member of GAMA International, I certify that —

- I consent to be governed by the bylaws of the association.
- I have never been found guilty of any violation of any insurance law or regulation, or any other state or federal law (except minor traffic violations), and have never been disciplined by, expelled from, or refused membership in any voluntary association. (Attach full written explanations of any exemptions to the foregoing.)
- I agree that neither the association nor its individual members, officers, directors, agents or employees shall be liable to me, individually or jointly, if this application for membership is rejected or for the consequences of any disciplinary or penal action that may be sought or taken against me under the insurance laws of this or any state of jurisdiction.
- I am a member in good standing of a local association of the National Association of Insurance and Financial Advisors (NAIFA).

As a benefit of membership, I understand and agree that GAMA will seek to keep me informed of industry news and association programs, promotions and updates through a variety of sources such as its magazine, newsletters, faxes and e-mails. I also understand that as a member benefit, I will receive news and promotional e-mails from the LIFE Foundation.

Our Anti-Proselytizing Position

- Development.** Proselytizing financially penalizes those organizations that invest in new producer acquisition and development.
- Critical Mass.** Proselytizing shrinks and diminishes our industry.
- Professionalism.** Proselytizing encourages colleagues to function as competitors, damaging efforts to build and develop the industry through the sharing of best practices.
- Market Impact.** Proselytizing distracts us from addressing ignorance and apathy in the marketplace as we invest time and energy in cannibalizing each other's resources.
- Consumer Impact.** Proselytizing leads to the replacement of existing business that is generally not in the best interest of the consumer.
- Financial Results.** There is no evidence that buying distribution is less expensive than growing it.

Growth Through Proselytizing Is Destructive to Our Industry. There are no short-term answers to long-term success.



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