

# Massachusetts Society of Licensed Insurance Advisers

c/o The Insurance Library Association of Boston  
156 State Street, Boston, Massachusetts 02109  
(617) 227-2087

## PREAMBLE

As a Massachusetts Licensed Insurance Adviser, I pledge to serve the interest of my client alone, with objectivity and complete loyalty; to render such information, counsel, and services as are within my knowledge, understanding and opinion. First and foremost, my objective will be to best satisfy the insurance needs of my client.

### Application for Membership

Name _____	Name of Firm _____
Business Phone _____	FAX# _____
Street Address _____	City _____ State _____ Zip _____
Home Address _____	Home Phone _____
City _____	State _____ Zip _____
Address Preferred for Correspondence: <input type="checkbox"/> Business <input type="checkbox"/> Home	
Type of Adviser's License: <input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Fire and Casualty	
Year Licensed as Adviser _____	Current Adviser's License # _____
Years of Insurance Experience _____	Email Address _____
Other Designations:	
<input type="checkbox"/> CLU	
<input type="checkbox"/> CPCU	
<input type="checkbox"/> Other (describe) _____	

As a member of MSLIA, I pledge to uphold its' Code of Ethics:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Recommended by: (2 members of Massachusetts Society of Licensed Insurance Advisers)

1. \_\_\_\_\_
2. \_\_\_\_\_

Membership Committee

BY: \_\_\_\_\_  
Chairman

Voted into membership by Board of Directors on \_\_\_\_\_  
Date

Signed \_\_\_\_\_ Title \_\_\_\_\_