

SURETY ASSOCIATION OF ARIZONA

www.azsurety.org

Application for Membership

Date: _____

Name and Position: _____

Employer: _____ (name and address)

Phone Number: _____ Email Address: _____

Role with respect to Surety Industry: _____

Sponsoring Member: _____

Type of Membership Applied For: (Please indicate with a check mark)

Surety Member _____

Member _____

If "Surety Membership", please provide your total years of service to a Surety Company:

Total Years Surety Service _____

Have you been an employee of a surety department at either an insurance company or insurance agency? Yes _____ or No _____

Surety Company or Agency

Years of Service

Executive Committee Approval :

Yes _____

No _____

Date: _____

Contact Information:

President: Chelie Lacrosse: clacrosse@smithmanus.com (480) 949-6878

Vice President: Tom Buckner: tbuckner@vbsbond.com (623) 933 9334 Ext 50

Treasurer: Jim Vandeventer, jimv@taylorduffy.com (602) 265-7011

Secretary: Cliff Spickler – cliffordspickler@westfieldgrp.com (602) 749-9900 Ext: 216