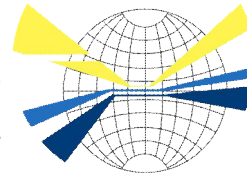




HELLENIC INSURANCE LAW ASSOCIATION

ASSOCIATION INTERNATIONALE DE DROIT DES ASSURANCES
INTERNATIONAL INSURANCE LAW ASSOCIATION
ASOCIACIÓN INTERNACIONAL DE DERECHO DE SEGUROS
INTERNATIONALE VEREINIGUNG FÜR VERSICHERUNGSRECHT
ASSOCIAZIONE INTERNAZIONALE DI DIRITTO DELLE ASSICURAZIONI



MEMBERSHIP APPLICATION FORM

* Name: _____

* Surname: _____

* Title: _____

* Occupation: _____ Company name: _____

* Address: _____

* Tel.: _____

Fax: _____

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*necessary fields to be completed

To: the Hellenic Insurance Law Association

I hereby request that you register me as a member and keep me advised of the Association's activities. As required, my Curriculum Vitae is also sent with this application.

Date: _____

Signature: _____