



## **NHAIA COMPLIANCE REMINDER SERVICE**



### **REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Agency/Company Name:** \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

**Type of license:** Producer \_\_\_\_ Adjuster \_\_\_\_

**Your month of birth (Circle one)**

**JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC**

**We'll send you an email every year several months prior to your birthday to remind you to check your transcript!**

This service is free to NHAIA member agencies and their employees. The service is available to non-members for a one time set up fee of \$25.00.

#### **Non-member payment options:**

**Check enclosed:** \_\_\_\_\_

**Credit Card: (please circle one)** MASTERCARD VISA DISCOVER

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security (V) code:** \_\_\_\_\_

NEW HAMPSHIRE ASSOCIATION OF INSURANCE AGENTS  
125 AIRPORT ROAD, CONCORD, NH 03301  
1-800-559-3373  
FAX: 603-224-0550  
Email: [judy@nhaia.com](mailto:judy@nhaia.com)

*You are responsible to check your transcript for CE compliance. NHAIA is not responsible if you fail to maintain your required continuing education credit hours. NHAIA is not responsible if you fail to receive the email due to email address changes not reported to our office.*

**For NHAIA office use only**

**Date entered: A: \_\_\_\_\_ O: \_\_\_\_\_ Initials: \_\_\_\_\_**