



Insurance Women of San Antonio

Return Application and Dues to:
First Vice President/Membership

April Massey
c/o Catto & Catto LLP
217 E. Houston St. Ste. # 100
San Antonio, Tx. 78205
210-222-2161

IWSA APPLICATION (INCLUDES FIWT MEMBER PROFILE)

Page 1 of 2

Please Use Black Ink and Print or Type
PLEASE MARK TYPE OF APPLICATION:

Renewal _____

New _____ 1) Have you attended 2 of past 4 regular meetings? _____
2) What 2 prior meetings did you attend? _____

Your Membership Renewal Dues for June 1, 2010 to May 31, 2011 are as follows:

Please Mark Applicable Membership:

() Active Membership \$50.00 () Active Associate \$50.00 () Associate / Retired \$25.00

Please indicate above which membership you are paying. Also, please complete the following information for the update of the membership list and yearbook.

****Note:** New Active & Active Associate members joining after Jan. 1, 2011 dues are \$40.00 for the remainder of the fiscal year.**

1) Name: _____

2) Job Title: _____

3) Job function (please check **ONE** which most closely applies):

___ CSR/Services ___ Producer ___ Agency Owner ___ Risk Management
___ Adjuster ___ Claims ___ Accounting ___ Marketing
___ Underwriting ___ Clerical ___ Premium Fin. ___ Other

4) Number of years employed in the insurance industry.

___ 0-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ 21-25 ___ 26-30 ___ 30+ ___ 40+

5) Employer Name: _____

6) Employer Address: _____

7) Employer (please check **ONE** which most closely applies):

___ Insurance Agency ___ Adjusting Firm ___ Trade Association
___ Insurance Company ___ Managing GA ___ Retired
___ Premium Finance ___ Other _____

8) Type of Business (please check **ALL** that apply):

___ P/C ___ Life/Accident/Health ___ Finance ___ Other

9) Home Address: _____

10) Preferred Mailing Address: _____

11) Telephone # Business: _____ Ext: _____ Fax: _____

12) Telephone # Home: _____ E-Mail Address: _____

IWSA APPLICATION (INCLUDES FIWT MEMBER PROFILE)

Page 2 of 2

13) Professional Designations (please check **ALL** that apply):

PIWT ACSR Dual ACSR CISR CIC
 AAI AU CPCU Other _____

14) Type of insurance license you currently hold (please check **ALL** that apply):

General Lines Agent Group I Group II _____
 Insurance Service Rep Risk Manager Adjuster (type) _____

15) Birthday: _____

16) Month/Year Joined IWSA: _____

DEADLINE FOR RENEWAL APPLICATIONS IS July 1, 2010 OR A LATE FEE of \$10.00 MAY BE ASSESSED. ANY MEMBER WHOSE RENEWAL DUES ARE NOT PAID PRIOR TO OCTOBER 1ST OF EACH YEAR WILL BE REQUIRED TO MEET THE MEMBERSHIP REQUIREMENTS OF SECTION 1G OF THE BY-LAWS.

17) Applicant/Member's Signature: _____

MEETINGS: 4TH THURSDAY OF EVERY MONTH EXCEPT July, Nov. & Dec.

Colors: Green and White

Pin: Designed by James Avery

IWSA Committees you are interested in participating with:

Please circle

Entertainment	Bulletin	Safety	Publicity	Yearbook
Name Tags	Telephone	Legislation	Welcome	Bylaws
Scrapbook	Budget	Convention	Fundraisers	
Other _____				