



# Insurance Women of San Antonio

Return Application and Dues to:  
First Vice President/Membership  
Gloria Cessac  
P.O. Box 461083  
San Antonio, TX. 78246-1083

## IWSA APPLICATION (INCLUDES FIWT MEMBER)

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Please Use Black Ink

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, 2011 to May 31, 2012 are as follows:

Please Mark Applicable Membership:

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

\*\*Note: New Active & Active Associate members joining after January 1, 2012, dues are \$40.00 for the remainder of the fiscal year.\*\*

Also, please complete the following information for the update of the membership list and yearbook.

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: \_\_\_\_\_

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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: \_\_\_\_\_

JULY 1<sup>ST</sup> IS THE DEADLINE FOR RENEWAL APPLICATIONS AND DUES. A LATE FEE OF \$10.00 MAY BE ASSESSED TO RENEWAL APPLICATIONS RECEIVED AFTER THAT DATE.

ANY MEMBER WHOSE RENEWAL DUES ARE NOT PAID PRIOR TO OCTOBER 1<sup>ST</sup> OF EACH YEAR WILL BE REQUIRED TO MEET THE MEMBERSHIP REQUIREMENTS OF SECTION 1G OF THE BY-LAWS.

17) Applicant/Member's Signature: \_\_\_\_\_

MONTHLY MEETINGS: 4<sup>TH</sup> THURSDAY OF EVERY MONTH EXCEPT JULY, NOVEMBER AND DECEMBER.

COLORS: Green and White

PIN: Designed by James Avery

**Please CIRCLE the IWSA Committees you are interested in getting involved with:**

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