



Insurance Women of San Antonio

Return Application and Dues to:
First Vice President/Membership
Susan Hancock
c/o McClelland & Hine, Inc.
2202 Thousand Oaks
Suite 100
San Antonio, TX 78232
210-293-6216

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, 2009 to May 31, 2010 are as follows:

Please Mark Applicable Membership:

() Active Membership \$50.00 () Active Associate \$50.00 () Associate \$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 January 1, 2010, 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: _____

