

NOVA SCOTIA INSURANCE WOMENS ASSOCIATION
MEMBERSHIP APPLICATION 2005 – 2006

ACTIVE MEMBERSHIP _____ or ASSOCIATE MEMBERSHIP _____ (No vote or Office)

NAME: _____

COMPANY: _____

BUSINESS ADDRESS: _____

(INCLUDE FULL ADDRESS IE: POSTAL CODE)

PHONE: _____ FAX: _____ EMAIL: _____

HOME ADDRESS: _____

PHONE: _____

BIRTHDATE: DAY: _____ MONTH: _____

DEPARTMENT AND POSITION: _____

PRESENT LICENSE DEGREE OR DESIGNATION: _____

ARE YOU WILLING TO:

A) SERVE ON A COMMITTEE YES _____ NO _____

B) KEY PERSON ON COMMITTEE YES _____ NO _____

OR

C) CHAIR A COMMITTEE YES _____ NO _____

**WHEN DID YOU FIRST BECOME A MEMBER OF NSIWA? _____

**HOW MANY CAIW CONVENTIONS HAVE YOU ATTENDED? _____

I HEREBY APPLY FOR ACTIVE MEMBERSHIP. I HAVE ENCLOSED \$50.00 PAYABLE TO NOVA SCOTIA INSURANCE WOMEN'S ASSOCIATION (N.S.I.W.A.)

DATE: _____ SIGNATURE: _____

*****PLEASE COMPLETE APPLICATION AND RETURN WITH DUES TO:**

ANN JOUDREY
C/O MARSH ADJUSTMENT BUREAU LTD.
724 KING STREET PLAZA
BRIDGEWATER, N.S. B4V 1B4

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