



ASSOCIATE APPLICATION 2018/2019

NAME & DESIGNATION IF ANY: _____ POSITION: _____

COMPANY _____ EMAIL ADDRESS _____

FULL BUSINESS ADDRESS: _____ PHONE: _____

FULL HOME ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

BIRTH DATE: DAY: _____ MONTH: _____

Are you willing:

To serve on a committee? YES _____ NO _____

To chair on a committee? YES _____ NO _____

When did you first become a member? (year) _____

How many conventions have you attended? _____

I HEREBY APPLY FOR ASSOCIATE MEMBERSHIP. I HAVE ENCLOSED \$25.00 PAYABLE TO NSIWA.

Signature: _____ date: _____

Please complete application and return with dues by October 31st to:

Tamara Higgins
Avis Budget Group
111 Selfridge Way
Enfield, NS B2T 0C1
902-492-7561
tamara.higgins@avisbudget.com