



## MEMBERSHIP APPLICATION 2019/2020

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 ACTIVE MEMBERSHIP. I HAVE ENCLOSED \$50.00 PAYABLE TO NSIWA.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Please complete application and return with dues by October 31<sup>st</sup> to:

Victoria Higgins  
Portage Mutual Insurance  
1595 Bedford Hwy, Suite 224,  
Bedford NS, B4A 3Y4  
902-835-1054 x 4354  
vhiggins@portagemutual.com