Education, Professional Development and Networking

NSIWA
NOVA SCOTIA INSURANCE WOMEN'S ASSOCIATION

NSIWA ASSOCIATE MEMBERSHIP APPLICATION 2021-2022

NAME: _____ **DESIGINATIONS:** _____

COMPANY: _____ **POSITION:** _____

WORK EMAIL: _____ **WORK PHONE:** _____

FULL BUSINESS ADDRESS: _____

FULL HOME ADDRESS: _____

HOME EMAIL: _____ **HOME PHONE:** _____

BIRTHDAY: _____ **(Month & Day)**

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 $25.00 PAYABLE TO NSIWA.

SIGNATURE: _____ **DATE:** _____

PLEASE COMPLETE APPLICATION AND RETURN WITH DUES BY OCTOBER 31st TO:
Kim Smythe (Private & Confidential)
NSIWA
3 Glenborune Court,
Halifax, NS, B3S 1E2
902-835-8967 ext. 46473
kim.smythe65@gmail.com
(Or Register online at nsiwa.com)