



Education, Professional Development and Networking

Canadian Association of Insurance Women



NSIWA MEMBERSHIP APPLICATION 2024-2025

NAME: _____ DESIGNATIONS: _____

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? _____

Full Membership: \$50.00 ___ Associate Membership: \$25.00 ___

Full Membership is extended to any person engaged independently or through employment in any office, selling or servicing insurance of any type, including retirees. Associate Membership is extended to any person that fits the above criteria, however lives too far away to attend meetings. Only Full Members carry voting rights.

SIGNATURE: _____ DATE: _____

PLEASE COMPLETE APPLICATION AND RETURN WITH DUES BY OCTOBER 31ST TO:

NSIWA C/O Leah McCarthy
90 Western Parkway, Suite 510
Bedford, NS, B4B 2J3
902-478-0494
lmccarthy@burns-wilcox.ca

Credit Card Payments Accepted at: www.nsiwa.com