



Insurance Women of San Antonio  
 First Vice President/Membership  
 Cheryl Ramirez  
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Make check payable to IWSA  
 Mail to: IWSA, P.O. Box 461083,  
 San Antonio, Tx. 78246-1083

IWSA is a professional organization of women and men in the insurance industry and related support companies. Formed in March 1944, our purpose is to promote education for members, provide scholarships to area students, and contribute to the community through charitable service. We are one of 14 local associations included in the Federation of Insurance Women of Texas Inc. (FIWT)

**IWSA Application (Includes FIWT Membership)**

Date of Application \_\_\_\_\_

Renewal \_\_\_\_\_ New \_\_\_\_\_ How did you hear about IWSA/Referred by: \_\_\_\_\_

**\*\* (Please mark applicable membership) \*\***

**Your Membership Renewal Dues for June 1, 2019 to May 31, 2020 are as follows:**

(  ) Active Membership \$55.00      (  ) Active Associate \$55.00      (  ) Associate / Retired \$25.00

**Membership Categories**

**Active:**

The membership of the association shall be any person employed in the insurance related industries.

**Active/Associate:**

Membership may be granted to any member of the association provided that:

- A member has become ineligible for active membership due to retirement;
- A member in good standing at the time they became ineligible for active membership;
- A member has held active membership for at least five (5) continuous years;
- A member has held an elective office or appointed Board Chairman for at least three (3) years of membership: All privileges of active membership would apply to this membership classification. The dues would be the same as set forth for an active member of the association.

**Associate:**

Any member who has been a member for one year or more and retires from the insurance business shall automatically become an Associate Member and be privileged to attend all meetings, but without a vote.

**The following information must be completed for "Updates" of the membership list and IWSA yearbook.**

- 1.) Name \_\_\_\_\_
- 2.) Job Title \_\_\_\_\_
- 3.) Job Function (please check ONE which most closely applies) :  
 CSR/Services     Producer     Agency Owner     Risk Management     Clerical     Claims  
 Adjuster     Accounting     Marketing     Underwriting     Premium Finance     Other
- 4.) Number of years employed in the insurance industry.(check one)  
 0-5     6-10     11-15     16-20     21-25     26-30     30+     40+
- 5.) Employer Name \_\_\_\_\_
- 6.) Employer Address \_\_\_\_\_
- 7.) Employer (please check ONE which most closely applies):  
 Insurance Agency     Adjusting Firm     Trade Association     Insurance Company  
 Managing GA     Retired     Premium Finance     Other \_\_\_\_\_
- 8.) Type of Business (please check ALL that apply)  
 P/C     Life/Accident/Health     Finance     Other
- 9.) Home Address: \_\_\_\_\_
- 10.) Preferred Mailing Address: \_\_\_\_\_

11.) Telephone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_ (fax) \_\_\_\_\_

Please circle **preferred contact number**

12.) Email Address (home) \_\_\_\_\_ (work) \_\_\_\_\_

Please circle **preferred email contact**

13.) Professional Designation (please check ALL that apply)

\_\_\_ PIWT    \_\_\_ ACSR    \_\_\_ Dual ACSR    \_\_\_ CISR    \_\_\_ CIC    \_\_\_ AIA  
\_\_\_ AU    \_\_\_ CPCU    \_\_\_ CIPT    \_\_\_ ARM    Other, please specify, \_\_\_\_\_

14.) Type of Insurance License you currently hold (please check ALL that apply)

\_\_\_ General Lines Agent    \_\_\_ Group I    \_\_\_ Group II    \_\_\_ Insurance Service Rep<sup>i</sup>  
\_\_\_ Risk Manager    \_\_\_ Adjuster (Type)    \_\_\_ Solicitors

15.) Birthday (month and day) \_\_\_\_\_

16.) Month/Year Joined IWSA: \_\_\_\_\_

17.) Are you under 40 years old? YES \_\_\_ or NO \_\_\_

*July 1<sup>st</sup> is the deadline for Renewal Application and Dues. A late fee of \$10.00 may be assessed to renewal application received after that date. Any member whose renewal dues are not paid prior to October 1 of each year will be required to meet the membership requirement of Section 1G of the Bylaws.*

Applicant/ Membership Signature \_\_\_\_\_

Signed this (day) \_\_\_\_\_ of (month) \_\_\_\_\_ (year)20\_\_\_\_\_.

**Monthly Meeting: 4<sup>th</sup> Thursday of Every Month except June, July, November and December. You will be contacted in advance for reservations required if you are attending the Luncheon Meetings. Your preferred contact information is important.**

Colors : Green and White

**Please Circle the IWSA Committee you are interest in getting involved with:**

- Committee Chairman Eligibility is after six (6) months of active membership.
- Elected Officer Eligibility is after one **year** of IWSA active membership, and you must have served as a Committee Chair for one year prior to becoming an Elected Officer.

Entertainment	Website/Media	Name Tags	Community Service	Welcome	By Laws
Yearbook	Scrapbook	Budget/Audit	Convention	Fundraiser	
Other _____					

Visit our website to learn more about (IWSA) Insurance Women of San Antonio: <http://www.iwsatx.com>



"pay your dues online now!"

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