



Insurance Women of San Antonio
First Vice President/Membership

Ana Tomes

atomes@ib-tx.com

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, 2020 to May 31, 2021 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 Repⁱ
 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 ___

August 1st 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: 4th 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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