



Insurance Women of San Antonio
First Vice President/Membership
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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, 2021 to May 31, 2022 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: H () W ()

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 i ____ 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 ____

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, October, 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>



Become a Fan



"pay your dues online now!"

Rev 1/2022