



Insurance Women of San Antonio  
First Vice President/Membership  
Lee Ann Schmidt  
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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, 2023 to May 31, 2024 are as follows:

(  ) Active Membership \$75.00 (  ) Active Associate \$75.00 (  ) 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.) Birthday (month and day) \_\_\_\_\_

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

16.) 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!"

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