



Insurance Women of San Antonio  
First Vice President - Membership  
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## 2024-2025 IWSA Membership Form

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 9 local associations included in the Federation of Insurance Women of Texas Inc. (FIWT)

**Date of Application:** \_\_\_\_\_

### Application Type

- New Member       Renewal

### 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:

- 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 Retired/Dual:

Any member who has been a member for one year or more and retires from the insurance business OR a voting member of another Local Organization under FIWT (dual membership) shall automatically become an Associate Member and be privileged to attend all meetings, but without a vote.

### Membership Type

- Active \$75.00 membership fee
- Active Associate \$75.00 membership fee
- Associate Retired \$25.00 membership fee
- Associate Dual Membership \$25.00 membership fee

**How did you hear about IWSA? Referred By?**

**Name**

**Birthday**

Month / Date

**Preferred Email**

**Preferred Phone Number (Cell or Work)**

**Preferred Address (Resident or Work)**

**Resident Address**

Street Address

City, State & Zip Code

**Job Function**

Agency Owner

Claims

Marketing

Other

Risk Management

Adjuster

Underwriting

Clerical

Accounting

Premium Finance

**Number of Years**

0 - 5

6 - 10

11 - 15

16 - 20

21 - 25

26 - 30

30 +

40 +

**Professional Designation - Please mark all that apply:**

- PIWT       ACSR       Dual ACSR       CISR       CIC
- AIA       AU       CPCU       CIPT       ARM
- OTHER:

**Employer Information**

**Employer**

**Work Phone Number**

**Employer Address**

Street Address

City, State & Zip Code

**Job Title**

**Employer Type**

- Insurance Agency       Adjusting Firm       Trade Association       Insurance Company
- Managing GA       Retired       Premium Finance
- Other:

**Type of Business (Mark all that apply)**

- Property/Casualty
- Life/Health/Accident
- Finance
- Other:

**Month/Year You First Joined IWSA**

**Are you a member of another Local Organization under FIWT (Dual Membershp)?**

- Yes
- No

**If yes, which local organization(s)?**

**Which local is your designated main local?**

**Does IWSA have your permission to include your information in our Yearbook?**

- Yes
- No

**What committees would you be interested in serving on? (Mark all that apply)**

- Community Service
- Scrapbook
- Website/Social Media
- By-Laws
- Budget/Audit
- Entertainment
- Other
- Welcome
- Fundraiser
- Name Tags
- Yearbook
- Convention
- Young Insurance Professions (YIPs)

**Are you under age 40?**

- Yes
- No