

Insurance Women of San Antonio First Vice President - Membership Lee Ann Schmidt <u>leeannschmidt.iwsa@gmail.com</u> Make check payable to: IWSA P.O. Box 461083 San Antonio, TX 78246-1083

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

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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)

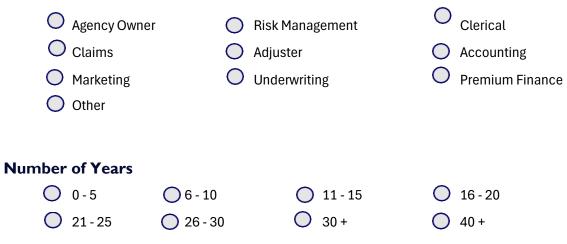
Preferred Address (Resident or Work)

Resident Address

Street Address

City, State & Zip Code

Job Function



Professional Designation - Please mark all that apply:

PIWTAIA	ACSR	 Dual ACSR CPCU 	CISR	

Employer Information

Employer

Employer Address

Street Address

City, State & Zip Code

Job Title

Employer Type Insurance Agency Managing GA 	 Adjusting Firm Retired 	 Trade Association Premium Finance 	OInsurance Company
O Other:		0	

Type of Business (Mark all that apply)

O Property/Casualty

C Life/Health/Accident

Finance

O Other:

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

- O Yes
- O 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?

\bigcirc	Yes

🔘 No

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

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

Are you under age 40?

- O Yes
- O No