

MEMBERSHIP APPLICATION 2015-2016

NAME & DESIGNATION IF ANY:		POSITION:			
COMPANY	EMAIL	ADDRESS			
FULL BUSINESS ADDRESS:			PHONE:		
FULL HOME ADDRESS:	· · · · · · · · · · · · · · · · · · ·				
EMAIL ADDRESS:	· · · · · · · · · · · · · · · · · · ·	_PHONE:			
BIRTH DATE: DAY:	MONTH:				
Are you willing:					
To serve on a committee?		YES	NO		
To chair on a committee?		YES	NO		
When did you first become a member?	(year)				
How many conventions have you attend					
I HEREBY APPLY FOR ACTIVE MEMB	ERSHIP. I HA	VE ENCLOSED \$50.	00 PAYABLE TO NSIWA.		
Signature:	date:_				
Please complete application and return	with dues by Oc	ctober 31st to:			
Ann Joudrey					
c/o Marsh Adjustment Limited	or	724 King Street Plaza			
PO Box 310		Bridgewater NS B4	4V 1B4		
Bridgewater NS B4V 2W9					

ajoudrey@marshadj.com - PH: 902-543-6541 - FAX: 902-543-2864