

NSIWA MEMBERSHIP APPLICATION 2020-2021

NAME: _____ **DESIGNATIONS:** _____

COMPANY: _____ **POSITION:** _____

WORK EMAIL: _____ **WORK PHONE:** _____

FULL BUSINESS ADDRESS: _____

FULL HOME ADDRESS: _____

HOME EMAIL: _____ **HOME PHONE:** _____

BIRTHDAY: _____ (Month & Day)

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 ATTENDED? _____

I HEREBY APPLY FOR ACTIVE MEMBERSHIP. I HAVE ENCLOSED \$50.00 PAYABLE TO NSIWA.

SIGNATURE: _____ **DATE:** _____

PLEASE COMPLETE APPLICATION AND RETURN WITH DUES BY OCTOBER 31st TO:

NSIWA C/O Kim McNeil-Smythe

3 Glenbourne Court,

Halifax, NS B3S 1E2

902-835-8967 ext. 46473

kim.smythe@economical.com

(Or Register online at nsiwa.com)