

**NSIWA ASSOCIATE MEMBERSHIP APPLICATION 2022-2023**

**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 \$25.00 PAYABLE TO NSIWA.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PLEASE COMPLETE APPLICATION AND RETURN WITH DUES BY OCTOBER 31<sup>st</sup> TO:

Kim Smythe (Private & Confidential)

NSIWA

3 Glenborune Court,

Halifax, NS, B3S 1E2

902-835-8967 ext. 46473

kim.smythe65@gmail.com

(Or Register online at [nsiwa.com](http://nsiwa.com))