



Education, Professional Development and Networking

Canadian Association
of Insurance Women



NSIWA MEMBERSHIP APPLICATION 2025-2026

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? _____

Full Membership: \$50.00 ____

Associate Membership: \$25.00 ____

Full Membership is extended to any person engaged independently or through employment in any office, selling or servicing insurance of any type, including retirees. Associate Membership is extended to any person that fits the above criteria, however lives too far away to attend meetings. Only Full Members carry voting rights.

SIGNATURE: _____

DATE: _____

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

NSIWA C/O Adelle Long

17 Pine Hill Dr

Elmsdale NS, B2S 1G8

902-883-1550 ext 506

along@caldwellroach.com

Credit Card Payments Accepted at: www.nsiwa.com