NSIWA
NOVA SCOTIA INSURANCE WOMEN'S ASSOCIATION
Education, Professional Development and Networking

Canadian Association of Insurance Women
caiw acfa
Association Canadienne des Femmes d'Assurance

NSIWA MEMBERSHIP APPLICATION 2026-2027

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 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 Leah McCarthy
Burns & Wilcox, 90 Western Parkway, Suite 510, Bedford, NS, B4B 2J3
Phone number – 902-334-3744
Email address – Lmccarthy@burns-wilcox.ca

Credit Card Payments Accepted at: www.nsiwa.ca