



# NAIW of Southern New Jersey Application for Membership

I hereby apply for membership in NAIW of Southern New Jersey and agree that my membership is a privilege dependent upon the observance of the constitution, by-laws, rules and regulations of the Association, and that it terminates by my failure to observe and maintain them. I agree to pay all dues owing to the Association to the date of notice of termination of my membership. I agree to conform to the generally recognized ethical practices of the insurance industry.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Position \_\_\_\_\_ Years in Insurance \_\_\_\_\_ Birthday (month/day) \_\_\_\_\_

Dues: \$93.00 Annual. Dues are to be made payable to NAIW of Southern New Jersey and must accompany application. Dues are collected each July 1<sup>st</sup>.

*Working Together Means Success! We invite you to actively participate in the Association by sharing your ideas and talents with us. Please indicate at least three committees, in the order of preference, on which you are willing to serve:*

- |                                |                                |                    |
|--------------------------------|--------------------------------|--------------------|
| _____ Audit/Budget             | _____ Bulletin                 | _____ By-laws      |
| _____ Education                | _____ Hospitality/Reservations | _____ Legislation  |
| _____ Long Range Planning      | _____ Membership               | _____ Program      |
| _____ Public Relations         | _____ Publicity                | _____ Safety       |
| _____ Special Ad Hoc Committee |                                | _____ Ways & Means |

*In order for us to better meet your needs, please indicate what type of programs you would like to have at the monthly Business Meetings:*

- |                            |                                 |
|----------------------------|---------------------------------|
| _____ Technical Insurance  | _____ Current Insurance Changes |
| _____ Personal Development | _____ Professional Development  |

*Are you interested in taking courses? Please indicate your interest. We might be able to sponsor a class locally:* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_