



INSURANCE WOMEN OF BUFFALO
P.O. Box 52 Ellicott Station
Buffalo, New York 14205

**APPLICATION FOR MEMBERSHIP
 & ANNUAL RENEWAL APPLICATION**

First Name			
Last Name			
Industry Designations	<input type="checkbox"/> CISR <input type="checkbox"/> CIC <input type="checkbox"/> CPCU <input type="checkbox"/> CRM <input type="checkbox"/> ACSR <input type="checkbox"/> AIA <input type="checkbox"/> ARM <input type="checkbox"/> Other _____		
Mailing Address			
City, State, Zip			
Birth Date (mm/dd/yyyy):			
Contact Information:			
Daytime Phone/Ext:			
Mobile Phone:			
Evening Phone:			
Email Address: <i>Please check the email address you wish to use as your primary contact information</i>			
	<input type="checkbox"/>	Home	
	<input type="checkbox"/>	Office	
Employer:			
Job Title:			
Recruited By:			
Previous IWOB Member:	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
If yes, please indicate what years _____			
MEMBERSHIP DUES	Membership dues are from May 1st to April 30th of any given year		
Annual New Member Dues	<input type="checkbox"/>	New Member Dues (Full Year) includes one time \$25 initiation Fee	\$ 85.00
Renewal Dues	<input type="checkbox"/>	Annual Renewal Member Fee	\$ 60.00
Dues after 11/01	<input type="checkbox"/>	½ off Annual Membership Dues <i>(from Nov. to April - includes one time \$25 fee)</i>	\$ 55.00
TOTAL PAID			\$

PAYMENT METHOD: Check or Money Order payable to IWOB (US dollars only). Membership Dues are Nonrefundable
 (You may also use the PayPal button on our website under Membership)

*You can renew your membership online on IWOB's Web Page through PayPal with a credit card by visiting
www.insurancewomenbuffalo.com (Note that there is an additional \$2.00 fee to pay on-line via PayPal).
 If renewing online, please email your updated application to: info@insurancewomenbuffalo.com*

**Please mail your application & check, payable to Insurance Women of Buffalo, Inc., to:
 Insurance Women of Buffalo, Inc., PO Box 52, Ellicott Station Buffalo, NY 14205**

Member Signature: _____ Date: _____

Prospective Member Signature: _____ Date: _____

For Internal Use: Date Application Received: _____ Date Application Approved: _____