

# FEDERATION OF INSURANCE WOMEN OF TEXAS, INC.

## MEMBERSHIP APPLICATION

Return To:  
 Local Membership Chairperson to be Forwarded to FIWT

Dues Fees:  
 Included in Local Dues

## MEMBER INFORMATION

Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Employer: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Joining As:  Member-at-Large or  Member of Local Assn \_\_\_\_\_  
Name of Association

## MEMBER PROFILE

1) Number of years employed in the insurance industry.

0-5  6-10  11-15  16-20  21-25  26-30  30+  40+  50+

2) Job function (please check **ONE** which most closely applies):

CSR/Services  Producer  Agency Owner  Risk Management  
 Adjuster  Claims  Accounting  Marketing  
 Underwriting  Clerical  Premium Fin.  Other

3) Employer (please check **ONE** which most closely applies):

Insurance Agency  Adjusting Firm  Trade Association  
 Insurance Company  Managing GA  Retired  
 Premium Finance  Other \_\_\_\_\_

4) Type of Business (please check **ALL** that apply):

P/C  Life/Accident/Health  Finance  Other

5) Type of insurance license you currently hold (please check **ALL** that apply):

Local Recording Agent  Group I  Group II  Solicitor  
 Insurance Service Rep  Risk Manager  Adjuster (type) \_\_\_\_\_

6) Professional Designations (please check **ALL** that apply):

PIWT  ACSR  Dual ACSR  CISR  CIC  
 AAI  AU  Other \_\_\_\_\_

7) What year did you join FIWT? \_\_\_\_\_

Attached to the Membership Application for the Dallas Association of Insurance Professionals