



# Membership Application

Return this application to:

## MEMBERSHIP

WIFS National Headquarters  
136 Everett Rd, Albany, NY 12205

office@wifsnational.org  
Fax: 518.935.9232 | Phone: 866.264.9437

WIFS Membership is rolling and calendar year based. All members renew each year on the day they originally registered. Membership cannot be transferred and is non-refundable.

## RENEW ONLINE AT:

WIFSnational.org/membership

Please provide the following demographic information to assist WIFS with strategic planning. Information will remain strictly confidential and be anonymously aggregated in support of corporate partnership and industry promotion initiatives.

Birth Year: \_\_\_\_\_

- Income:  Under \$25K     \$250-500K  
 \$25-75K         \$500-1M  
 \$75-125K        \$1M+  
 \$125-250K

What year did you join the industry? \_\_\_\_\_

Have you obtained any of the following designations? *Check all that apply.*

- |                               |                                |                                       |
|-------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> CASL | <input type="checkbox"/> CLTC  | <input type="checkbox"/> RHU          |
| <input type="checkbox"/> CDFA | <input type="checkbox"/> CLU   | <input type="checkbox"/> RICP         |
| <input type="checkbox"/> CFP  | <input type="checkbox"/> CSA   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ChFC | <input type="checkbox"/> FMLI  | _____                                 |
| <input type="checkbox"/> CLF  | <input type="checkbox"/> LUTCF | _____                                 |

Have you obtained any of the following insurance and securities licenses? *Check all that apply.*

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Series 11 | <input type="checkbox"/> Series 66 |
| <input type="checkbox"/> Series 6  | <input type="checkbox"/> Series 63 |                                    |
| <input type="checkbox"/> Series 7  | <input type="checkbox"/> Series 65 |                                    |

Primary Industry Affiliation:

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting/Banking | <input type="checkbox"/> Insurance          |
| <input type="checkbox"/> Investments        | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Legal              | <input type="checkbox"/> Mortgage           |
| <input type="checkbox"/> Other              |   |

What best describes your position?

- |                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Home      | <input type="checkbox"/> Manager  |
| <input type="checkbox"/> Business | <input type="checkbox"/> Office    | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Owner    | <input type="checkbox"/> Industry  |                                   |
| <input type="checkbox"/> CPA      | <input type="checkbox"/> Executive |                                   |

Do you regularly speak on industry topics?

- Yes       No

Would you be interested in mentoring another member?

- Yes       No

Have you ever served or are you currently serving in the U.S. Military?

- Yes       No

## Membership Information

NAME (FIRST, MI, LAST)

CURRENT EMPLOYER

POSITION/TITLE

PREFERRED EMAIL

WORK ADDRESS

CITY/STATE/ZIP

HOME ADDRESS

CITY/STATE/ZIP

WORK PHONE

CELL PHONE

REFERRED BY

**National Membership**     National Dues \$260

**Partner Affiliation** Please identify if you're currently affiliated with any of the following\*:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ameritas            | <input type="checkbox"/> Lincoln Financial                | <input type="checkbox"/> Mutual of Omaha Reverse Mortgage |
| <input type="checkbox"/> National Life Group | <input type="checkbox"/> Ohio National Financial Services | <input type="checkbox"/> Penn Mutual                      |
| <input type="checkbox"/> Principal           | <input type="checkbox"/> Prudential                       | <input type="checkbox"/> SPS Family                       |

**Chapter Members** Members may join one or more chapters, or join as Members at Large without a chapter affiliation. In addition to the chapters listed below, WIFS has several Aspiring Chapters, with more forming throughout the year. Visit [wifsnational.org](http://wifsnational.org) to find an Aspiring Chapter near you.

- |  |   |
|--|---|
| <input type="checkbox"/> Member-at-Large..... \$0                  | <input type="checkbox"/> <b>MN:</b> Twin Cities..... \$50                             |
| <input type="checkbox"/> <b>Aspiring:</b> _____ .. \$25            | <input type="checkbox"/> <b>NE:</b> Lincoln - Omaha ..... \$50                        |
| <input type="checkbox"/> <b>AK:</b> Anchorage..... \$25            | <input type="checkbox"/> <b>NYC &amp; NJ:</b> New York City/<br>New Jersey ..... \$75 |
| <input type="checkbox"/> <b>AZ:</b> Phoenix..... \$40              | <input type="checkbox"/> <b>OH, IN &amp; KY:</b> Ohio River Valley . \$25             |
| <input type="checkbox"/> <b>CA:</b> Los Angeles..... \$50          | <input type="checkbox"/> <b>OR:</b> Portland..... \$45                                |
| <input type="checkbox"/> <b>CA:</b> Northern California ..... \$50 | <input type="checkbox"/> <b>PA:</b> Central Pennsylvania..... \$40                    |
| <input type="checkbox"/> <b>CO:</b> Denver..... \$50               | <input type="checkbox"/> <b>PA:</b> Philadelphia Tri-County ..... \$50                |
| <input type="checkbox"/> <b>FL:</b> Gold Coast ..... \$50          | <input type="checkbox"/> <b>PR:</b> Puerto Rico ..... \$45                            |
| <input type="checkbox"/> <b>FL:</b> South Florida..... \$40        | <input type="checkbox"/> <b>TX:</b> Dallas..... \$50                                  |
| <input type="checkbox"/> <b>GA:</b> Atlanta ..... \$50             | <input type="checkbox"/> <b>TX:</b> Houston ..... \$40                                |
| <input type="checkbox"/> <b>KS:</b> Kansas City..... \$50          | <input type="checkbox"/> <b>WA:</b> Washington State ..... \$40                       |
| <input type="checkbox"/> <b>MI:</b> Michigan ..... \$50            |   |

# Payment Information

Please select one of the following:

- I would like to pay my dues with a single annual payment  
 I would like to pay my annual dues in monthly installments

National Dues \$ \_\_\_\_\_  
Local Chapter Dues \$ \_\_\_\_\_  
Total Dues: (Nat'l & Chapter) \$ \_\_\_\_\_

I agree to opt in for membership autorenewal and understand that my credit card will be charged the current WIFS dues rate each year on the day auto-renew was originally activated.

Charge to:  Visa  Master Card  American Express  Discover

Send Check/Money Order (Payable to WIFS in US Dollars)

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

NAME AS IT APPEARS ON CARD

SIGNATURE

BILLING ADDRESS

CITY

STATE

ZIP

*Payments to WIFS are not deductible as charitable contributions for federal income tax purposes. They may be deductible under other provisions of the Internal Revenue Code. No portion of your dues payment is attributable to lobbying expenditures.*

*Last updated: September 2022*