



Student Membership Application

WIFS is Changing the Face of the Financial Services Industry.

Welcome to the fastest growing association in the industry, and the only national organization exclusively devoted to the success of women in the insurance and financial services fields. Women in Insurance & Financial Services (WIFS) is dedicated to attracting capable women to the financial services sector, helping them develop their talents and advancing them toward their fullest potential.

Student Eligibility: WIFS National Student Membership is for full-time students. Students must submit proof of full-time student status along with their application. Proof may be faxed, mailed or emailed to the address below. You will receive all the rights and privileges that pertain to full membership for free (National membership is regularly \$260). Note: After two years of student membership, your dues will increase to the full membership rate.

Please select your chapter below.
Please Note: All Local Chapter members must also join as National members.

- Member-at-Large \$0
- Aspiring: _____ ..\$25
- AK: Anchorage\$25
- AZ: Phoenix\$40
- CA: Los Angeles\$50
- CA: Northern California\$50
- CO: Denver\$50
- FL: Gold Coast\$50
- FL: South Florida\$40
- FL: West Florida\$45
- GA: Atlanta\$50
- KS: Kansas City\$50
- MI: Michigan\$50
- MN: Twin Cities\$50
- NE: Lincoln - Omaha\$50
- NYC & NJ: New York City/
New Jersey\$75
- OH, IN & KY: Ohio River Valley .:\$25
- OR: Portland\$80
- PA: Central Pennsylvania\$40
- PA: Philadelphia Tri-County\$50
- PR: Puerto Rico\$45
- TX: Dallas\$50
- TX: Houston\$50
- WA: Washington State\$40
- WI: Wisconsin\$25

Please read carefully, all information below is REQUIRED:

NAME (INCLUDING PREFIX)

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

EMAIL

Please select your membership options and a chapter from the left:

Student Membership: Free! Member-at-Large (no local chapter): \$0

Local Chapter Dues: \$_____ per year

Total Dues: \$_____ (Including National and Local Dues)

**PAYMENT: Check/Money Order (Payable to WIFS in US dollars)
or Charge to:** Visa MasterCard AmEx

CARD #

EXP. DATE

NAME

SECURITY CODE

SIGNATURE

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Please send your completed form, payment, and proof of enrollment status 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.

For additional information, please contact WIFS staff at 866.246.9437 or by emailing questions to office@wifsnational.org