

# 2022 Membership Renewal

Return renewal form to:

## MEMBERSHIP

WIFS National Headquarters  
136 Everett Rd, Albany, NY 12205  
office@wifsnational.org  
Fax: 518.935.9232 | Phone: 518.694.5504

WIFS Membership is calendar year based.  
All members renew annually on January 1.  
Membership cannot be transferred and is non-refundable.

## RENEW ONLINE AT:

WIFSnational.org/membership

## 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

**National Membership**  National Dues \$260

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

- National Life Group  Prudential  Principal  Lincoln Financial  
 Penn Mutual  SPS Family  Amerisure  Ameritas

**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>MO:</b> St. Louis .....\$50                              |
| <input type="checkbox"/> <b>AK:</b> Anchorage .....\$25           | <input type="checkbox"/> <b>NE:</b> Lincoln - Omaha .....\$50                        |
| <input type="checkbox"/> <b>AZ:</b> Phoenix .....\$40             | <input type="checkbox"/> <b>NYC &amp; NJ:</b> New York City/<br>New Jersey .....\$75 |
| <input type="checkbox"/> <b>CA:</b> Los Angeles .....\$50         | <input type="checkbox"/> <b>OH, IN &amp; KY:</b> Ohio River Valley .\$.25            |
| <input type="checkbox"/> <b>CA:</b> Northern California .....\$50 | <input type="checkbox"/> <b>OR:</b> Portland .....\$45                               |
| <input type="checkbox"/> <b>CO:</b> Denver .....\$50              | <input type="checkbox"/> <b>PA:</b> Central Pennsylvania .....\$40                   |
| <input type="checkbox"/> <b>FL:</b> Gold Coast .....\$50          | <input type="checkbox"/> <b>PA:</b> Philadelphia Tri-County ....\$50                 |
| <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            |  |



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"/> FMI   | _____                                 |
| <input type="checkbox"/> CLF  | <input type="checkbox"/> LUTCF | _____                                 |

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

- Insurance  Series 11  Series 66  
 Series 6  Series 63  
 Series 7  Series 65

Primary Industry Affiliation:

- Accounting/Banking  Insurance  
 Investments  Financial Planning  
 Legal  Mortgage  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

# 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 auto-renewal and understand that my credit card will be charged the current WIFS dues rate each year on January 1.

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.*

# Monthly Payment Rates

The WIFS membership year runs from January 1 through December 31. If you choose to pay your dues in monthly installments, please refer to the **January** column in the chart below and add the National and (if applicable) chapter dues amounts to determine the amount of your monthly payment. If you need help calculating how much you owe, please contact the National office at the email address or phone number on the previous page.

	Monthly Dues Rate	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
National Dues	\$260	\$22	\$24	\$26	\$29	\$32.50	\$37	\$43	\$52	\$65	\$87	\$130	\$260
Members-at-large (No Chapter Affiliation)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$25 Chapter Dues	\$25	\$2	\$2	\$2.50	\$3	\$3.50	\$4	\$4.50	\$5	\$6.50	\$8.50	\$12.50	\$25
\$40 Chapter Dues	\$40	\$3.50	\$4	\$4	\$4.50	\$5	\$6	\$7	\$8	\$10	\$13.50	\$20	\$40
\$45 Chapter Dues	\$45	\$4	\$4	\$4.50	\$5	\$6	\$6.50	\$7.50	\$9	\$11.50	\$15	\$22.50	\$45
\$50 Chapter Dues	\$50	\$5	\$4.50	\$5	\$6	\$6.50	\$7.50	\$8.50	\$10	\$12.50	\$17	\$25	\$50
\$75 Chapter Dues	\$75	\$6.50	\$7	\$7	\$8	\$9	\$11	\$12.50	\$15	\$19	\$25	\$37.50	\$75

By checking this box I acknowledge that I have chosen to pay my WIFS membership dues in monthly installments, and I authorize WIFS to charge my credit card each month for the amount of my full or (if applicable) prorated dues divided by the months remaining in the membership year. I further acknowledge I will not receive a refund (full or partial) of any dues already charged to my card should I choose to cancel my membership before the end of the year.