

2021 MEMBERSHIP APPLICATION



WOMEN IN INSURANCE & FINANCIAL SERVICES

WIFS membership is calendar year based. All individuals renew annually on January 1st for the full dues amount. Membership cannot be transferred and is non-refundable.

Return application form to:

MEMBERSHIP

WIFS National Headquarters
136 Everett Road | Albany, NY 12205

office@wifsnational.org | Fax 518.935.9232
518.694.5506 | Toll Free 866.264.WIFS (9437)

JOIN 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 [\$260.⁰⁰]

PARTNER AFFILIATION Please identify if you're currently affiliated with any of the following:

National Life Group Prudential Principal Lincoln Financial Penn Mutual

CHAPTER MEMBERSHIP All members may join a local WIFS chapter. Members located in areas without active chapters are Members-at-Large. Please indicate your chapter preference:

Member-at-Large [\$0]

Aspiring Chapter [\$25]

AK: Anchorage [\$25]

AZ: Arizona [\$50]

AZ: Phoenix [\$40]

CA: Los Angeles [\$50]

CA: Northern California [\$50]

CO: Denver [\$50]

FL: Gold Coast [\$50]

FL: Northeast Florida [\$50]

FL: South Florida [\$40]

GA: Atlanta [\$50]

KS: Kansas City [\$50]

KY: Louisville [\$40]

MD: Baltimore [\$40]

MI: Michigan [\$50]

MN: Twin Cities [\$50]

MO: St. Louis [\$50]

NE: Lincoln - Omaha [\$50]

NYC&NJ: New York City - New Jersey [\$75]

OR: Portland [\$67]

PA: Central Pennsylvania [\$50]

PA: Philadelphia Tri-County [\$50]

TX: Dallas [\$50]

TX: Houston [\$40]

Aspiring _____ [\$25]

PAYMENT INFORMATION

National Dues: \$ _____

Local Chapter Dues: \$ _____

Total Dues: (National + Chapter) \$ _____

Sending Check or Money Order (Payable to WIFS in US dollars)

Charge to: Visa MasterCard

American Express Discover

I agree to opt-in for membership autorenewal and understand that my credit card will be charged the current WIFS membership rate annually on January 1 each year.

CARD # _____

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.

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

What year did you join the industry? _____

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

CASL Cdfa CFP ChFC CLF
 CLTC CLU CSA FMLI LUTCF
 RHU RICP Other _____

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

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

Primary Industry Affiliation:

Accounting/Banking Insurance Investments
 Financial Planning Legal Mortgage
 Other _____

What best describes your position?

Attorney Business Owner CPA
 Home Office Industry Executive Manager
 Producer Other _____

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

ATTRACT. DEVELOP. ADVANCE



The monthly installment prices are also based on the month they join and is the set monthly due price for the remainder of the year. The WIFS membership year is January 1–December 31st.

New Member Join Rates

Annual Dues Rate	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
NATIONAL DUES	\$260. ⁰⁰	\$238. ³³	\$216. ⁶⁷	\$195. ⁰⁰	\$173. ³³	\$151. ⁶⁷	\$130. ⁰⁰	\$108. ³³	\$86. ⁶⁷	\$65. ⁰⁰	\$43. ³³	\$21. ⁶⁷
MEMBERS-AT-LARGE (no chapter affiliation)	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰	\$0. ⁰⁰
\$25 Chapter Dues	\$25. ⁰⁰	\$22. ⁹²	\$20. ⁸⁰	\$18. ⁷²	\$16. ⁶⁴	\$14. ⁵⁶	\$12. ⁴⁸	\$10. ⁴⁰	\$8. ³²	\$6. ³⁴	\$4. ¹⁶	\$2. ⁰⁸
\$40 Chapter Dues	\$40. ⁰⁰	\$36. ⁶⁷	\$33. ³⁰	\$29. ⁹⁷	\$26. ⁶⁴	\$23. ³¹	\$19. ⁹⁸	\$16. ⁶⁵	\$13. ³²	\$9. ⁹⁹	\$6. ⁶⁶	\$3. ³³
\$50 Chapter Dues	\$50. ⁰⁰	\$45. ⁸³	\$41. ⁶⁰	\$37. ⁴⁴	\$33. ²⁸	\$29. ¹²	\$24. ⁹⁶	\$20. ⁸⁰	\$16. ⁶⁴	\$12. ⁴⁸	\$8. ³²	\$4. ¹⁶
\$60 Chapter Dues	\$60. ⁰⁰	\$55. ⁰⁰	\$50. ⁰⁰	\$45. ⁰⁰	\$40. ⁰⁰	\$35. ⁰⁰	\$30. ⁰⁰	\$25. ⁰⁰	\$20. ⁰⁰	\$15. ⁰⁰	\$10. ⁰⁰	\$5. ⁰⁰
\$67 Chapter Dues	\$67. ⁰⁰	\$61. ⁴²	\$55. ⁸³	\$50. ²⁵	\$44. ⁶⁷	\$39. ⁰⁸	\$33. ⁵⁰	\$27. ⁹²	\$22. ³³	\$16. ⁷⁵	\$11. ¹⁷	\$5. ⁵⁸
\$75 Chapter Dues	\$75. ⁰⁰	\$7. ⁰⁰	\$7. ⁵⁰	\$8. ⁵⁰	\$9. ⁵⁰	\$11. ⁰⁰	\$12. ⁵⁰	\$15. ⁰⁰	\$18. ⁵⁰	\$25. ⁰⁰	\$37. ⁵⁰	\$75. ⁰⁰

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.