



2009-2010

**MEMBERSHIP APPLICATION  
INSURANCE WOMEN OF AKRON  
SERVING MEDINA, PORTAGE, SUMMIT & WAYNE COUNTIES**

Please complete the Insurance Women of Akron Membership Application and return with your National Association of Insurance Women application to:

Auora Cooney  
C/O Seibert Keck Insurance Agency  
2950 W Market St  
Akron, OH 44333

- Applicant \_\_\_\_\_ DOB (Mo/Day) \_\_\_\_\_
- Home Address (City/St/Zip) \_\_\_\_\_
- Home Telephone \_\_\_\_\_
- Employer Name \_\_\_\_\_
- Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- Business Address \_\_\_\_\_
- E-mail address \_\_\_\_\_
- Indicate Mailing Preference: \_\_\_\_\_ Home \_\_\_\_\_ Work
- Designations Currently Held \_\_\_\_\_
- Length of Employment in the Insurance Industry \_\_\_\_\_
- Are you a licensed agent: P&C Life/Health Both
- Job Description \_\_\_\_\_
- Indicate which committee(s) which you would like to serve on:

- |                                    |                     |            |             |
|------------------------------------|---------------------|------------|-------------|
| Annual Insurance Night             | Education           | Operating  | Scholarship |
| Budget & Finance                   | Parliamentarian     | Membership |             |
| Web Site                           | Legislative         | Program    |             |
| Bylaws                             | Long Range Planning | Safety     |             |
| Public Relations/Community Service |                     |            |             |

I am unable to serve on a committee at this time: \_\_\_\_\_

I HEREBY APPLY FOR MEMBERSHIP IN THE INSURANCE WOMEN OF AKRON, AND IF APPROVED, I AGREE TO ADHERE TO ALL RULES AND REGULATIONS OF SAID ASSOCIATION AND TO PAY ALL DUES OWED THERETO.

APPLICANTS SIGNATURE \_\_\_\_\_

MEMBERS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_