



**INSURANCE WOMEN OF AKRON
APPLICATION FOR SPONSORSHIP
2009-2010 NEW AND RENEWAL**

To be considered as a Sponsor of the Insurance Women of Akron, please complete this application and return with your contribution check of \$100.00 made payable to IWOA .

- Sponsor's Name _____ DOB (Mo/Dt) _____
- Employer _____
- Type of Business _____
- Mailing Address _____
- City _____ Zip Code _____
- Business Telephone _____ Fax _____
- Applicant's email address _____
- Employer's web page address _____

Sponsors are entitled to a copy of our membership roster, invitation to all meetings and functions of IWOA. By providing your web address you will receive a link from our web page to yours. **Sponsors may not vote or hold an office.**

Sponsor's Signature _____ Date _____

Return to:

Aurora Cooney
C/O Seibert Keck Insurance Agency
2950 W Market St
Akron, OH 44333
acooney@siebertkeck.com