

Career Goals

Reason for Seeking APIW Membership:

Goals You Envision for the Organization:

How/Where did you learn about APIW?

Meeting Attended (required if applicant has less than 10 years experience in the industry).

*Meeting
Date*

Sponsor:

Member Name _____ *Company* _____ *Telephone* _____

Please submit a letter of recommendation from your sponsor with your completed application.

Applicant Signature _____

Date _____

For your convenience we are able to accept Visa, Master Card and American Express for payment of your one-time application fee of \$25 and your first year's membership dues of \$125, totaling \$150.

(Note: A one time reinstatement fee of \$25 is payable with annual dues when membership has lapsed for at least 12 months or more.)

Card Number _____ Exp. Date _____

Name as it Appears on Card _____

Authorized
Signature _____



Dedicated to the advancement of professional insurance women since 1976

PURPOSE OF THE ASSOCIATION

- To promote a spirit of cooperation and understanding among its members
- To promote and maintain high professional standards in the field of insurance, reinsurance and in the insurance community in general
- To create opportunity for members to further their professional advancement by providing a strong network of professional contacts
- To aid in education
- To encourage more women to seek professional positions within the insurance industry

Qualifications

1. Be employed within the insurance industry or related fields for a period of not less than three (3) years.
2. Be employed in a professional or management capacity, with decision-making authority, within the insurance or related fields.
3. Demonstrate a commitment to the insurance industry or related fields.
4. Demonstrate an interest in furthering the purpose of APIW.

Requirements

1. Satisfy the qualifications enumerated above.
2. Attend at least one (1) APIW meeting/event within a 12 month period. This requirement is waived for individuals having 10 or more years of experience within the insurance industry.
3. Be recommended in writing by a member.
4. Submit a completed application.
5. Be recommended by the membership committee.

Non-Resident Requirements

Members living outside the geographic area of an APIW network must fulfill all of the above requirements except that they must attend one (1) APIW function within a 24 month period. This requirement is waived for individuals having 10 or more years experience within the insurance industry.

Application Process

Application forms are available at APIW meetings, on our website, or through the membership committee. All applications should be sent to Isabel Silvestri, Membership Chair. After receiving a completed application and sponsorship letter, applicants are reviewed by the membership committee. Once approved, they are then voted on at the next APIW board meeting. All applicants are contacted via mail and/or phone shortly after the board meeting. Questions regarding the status of a prospective application should be directed to Susan Barros at (212) 867-0228.

Membership Fee

A one time application fee of \$25 is payable within 30 days after confirmation of membership.

Annual Dues

Annual Dues are \$125 payable within 30 days after confirmation of membership.

Visit our web site on the internet - <http://www.apiw.org>

**APIW EXECUTIVE OFFICERS AND BOARD OF ADVISORS
2008-2010**

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Membership Information

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