



CALIFORNIA INSURANCE WHOLESALERS ASSOCIATION

950 Glenn Drive, Suite 150 • Folsom, CA 95630

(916) 932-1197 | (916) 932-1198 FAX | info@ciwa.net | www.ciwa.net

SUPPORTING MEMBER APPLICATION

Supporting Members are individuals, partnerships, or corporations who supply goods or services to members and associate members of the wholesale insurance system.

Name: _____

Street: _____ City: _____ ST: _____ Zip: _____

Mailing Address (if different): _____

Telephone: _____ Fax: _____ Web: _____

Contact Person(s) For Your Firm: _____

Direct Phone or Extension: _____ Email: _____

Are You A Member Of: NAPSLO AAMGA OTHER _____

PLEASE LIST PRODUCTS OR SERVICES PROVIDED BY YOU TO WHOLESALERS AND TO THE INSURANCE INDUSTRY: _____

Please include payment of \$550 Annual dues. Membership expires June 30, 2009.

Signature: _____ Date: _____

Print Name and Title: _____

PAYMENT OPTIONS

Visa Master Card Am Express Check (payable to CIWA) #: _____

Card No.: _____ VCode: _____

Name of Cardholder: _____ Exp. Date: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Signature (required): _____