



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 (if an organization): _____

Direct Phone or Extension: _____ Email _____

Are You A Member Of: ___ NAPSLO ___ AAMGA ___ OTHER _____

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

Please include payment of \$550.00 Annual dues. Membership expires June 30, 2010.

Note: 93% of your dues are allocated to support legislation benefiting the California Insurance Wholesaler, the insurance companies they do business with and the vendors that serve them. Therefore 7% of your dues are tax deductible.

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 Add _____ City _____ ST _____ Zip _____

Signature (required) _____