

# 2021 MEMBERSHIP RENEWAL



**WOMEN IN INSURANCE & FINANCIAL SERVICES**

WIFS membership is calendar year based. All individuals renew annually on January 1st for the full dues amount. Membership cannot be transferred and is non-refundable.

Return renewal form to:

## MEMBERSHIP

WIFS National Headquarters  
136 Everett Road | Albany, NY 12205

office@wifsnational.org | Fax 518.935.9232  
518.694.5506 | Toll Free 866.264.WIFS (9437)

RENEW ONLINE AT

**WIFSnational.org/membership**



## Membership Information

NAME (FIRST, MI, LAST) \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

PREFERRED EMAIL \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**NATIONAL MEMBERSHIP**  National Dues **[\$260.<sup>00</sup>]**

**PARTNER AFFILIATION** Please identify if you're currently affiliated with any of the following\*:

- National Life Group  Prudential  Principal  Lincoln Financial  Penn Mutual

**CHAPTER MEMBERSHIP** All members may join a local WIFS chapter. Members located in areas without active chapters are Members-at-Large. Please indicate your chapter preference:

- |   |  |
|---|--|
| <input type="checkbox"/> Member-at-Large <b>[\$0]</b>                 | <input type="checkbox"/> <b>MD:</b> Baltimore <b>[\$40]</b>                          |
| <input type="checkbox"/> <b>AK:</b> Anchorage <b>[\$25]</b>           | <input type="checkbox"/> <b>MI:</b> Michigan <b>[\$50]</b>                           |
| <input type="checkbox"/> <b>AZ:</b> Arizona <b>[\$50]</b>             | <input type="checkbox"/> <b>MN:</b> Twin Cities <b>[\$50]</b>                        |
| <input type="checkbox"/> <b>AZ:</b> Phoenix <b>[\$40]</b>             | <input type="checkbox"/> <b>MO:</b> St. Louis <b>[\$50]</b>                          |
| <input type="checkbox"/> <b>CA:</b> Los Angeles <b>[\$50]</b>         | <input type="checkbox"/> <b>NE:</b> Lincoln - Omaha <b>[\$50]</b>                    |
| <input type="checkbox"/> <b>CA:</b> Northern California <b>[\$50]</b> | <input type="checkbox"/> <b>NYC&amp;NJ:</b> New York City - New Jersey <b>[\$75]</b> |
| <input type="checkbox"/> <b>CO:</b> Denver <b>[\$50]</b>              | <input type="checkbox"/> <b>OR:</b> Portland <b>[\$67]</b>                           |
| <input type="checkbox"/> <b>FL:</b> Gold Coast <b>[\$50]</b>          | <input type="checkbox"/> <b>PA:</b> Central Pennsylvania <b>[\$50]</b>               |
| <input type="checkbox"/> <b>FL:</b> Northeast Florida <b>[\$50]</b>   | <input type="checkbox"/> <b>PA:</b> Philadelphia Tri-County <b>[\$50]</b>            |
| <input type="checkbox"/> <b>FL:</b> South Florida <b>[\$40]</b>       | <input type="checkbox"/> <b>TX:</b> Dallas <b>[\$50]</b>                             |
| <input type="checkbox"/> <b>GA:</b> Atlanta <b>[\$50]</b>             | <input type="checkbox"/> <b>TX:</b> Houston <b>[\$40]</b>                            |
| <input type="checkbox"/> <b>KS:</b> Kansas City <b>[\$50]</b>         | <input type="checkbox"/> Aspiring: _____ <b>[\$25]</b>                               |
| <input type="checkbox"/> <b>KY:</b> Louisville <b>[\$40]</b>          |  |

\*Partners listed reflect 2018 Partners for Excellence and are subject to change.

## PAYMENT INFORMATION

National Dues: \$ \_\_\_\_\_

Local Chapter Dues: \$ \_\_\_\_\_

**Total Dues:** (National + Chapter) \$ \_\_\_\_\_

Sending Check or Money Order (Payable to WIFS in US dollars)

Charge to:  Visa  MasterCard

American Express  Discover

I agree to opt-in for membership autorenewal and understand that my credit card will be charged the current WIFS membership rate annually on January 1 each year.

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Payments to WIFS are not deductible as charitable contributions for federal income tax purposes. They may be deductible under other provisions of the Internal Revenue Code. No portion of your dues payment is attributable to lobbying expenditures.

Please provide the following demographic information to assist WIFS with strategic planning. Information will remain strictly confidential and be anonymously aggregated in support of corporate partnership and industry promotion initiatives.

Birth Year: \_\_\_\_\_

Income:  Under \$25K  \$25-75K  \$75-125K  
 \$125-\$250K  \$250-500K  \$500K-1M  
 1M+

What year did you join the industry? \_\_\_\_\_

Have you obtained any of the following designations?

Check all that apply.

- CASL  CDFA  CFP  ChFC  CLF  
 CLTC  CLU  CSA  FMLI  LUTCF  
 RHU  RICP  Other \_\_\_\_\_

Have you obtained any of the following insurance and securities licenses? Check all that apply.

- Insurance  Series 6  Series 7  Series 11  
 Series 63  Series 65  Series 66

Primary Industry Affiliation:

- Accounting/Banking  Insurance  Investments  
 Financial Planning  Legal  Mortgage  
 Other \_\_\_\_\_

What best describes your position?

- Attorney  Business Owner  CPA  
 Home Office  Industry Executive  Manager  
 Producer  Other \_\_\_\_\_

Do you regularly speak on industry topics?

- Yes  No

Would you be interested in mentoring another member?

- Yes  No

Have you ever served or are you currently serving in the U.S. military?

- Yes  No

**YOUR MEMBERSHIP EXPIRES ON DECEMBER 31, 2020**

The monthly installment prices are also based on the month they join and is the set monthly due price for the remainder of the year. The WIFS membership year is January 1–December 31st.

**New Member Join Rates**

	Annual Dues Rate	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>NATIONAL DUES</b>	<b>\$260.<sup>00</sup></b>	\$260. <sup>00</sup>	\$238. <sup>33</sup>	\$216. <sup>67</sup>	\$195. <sup>00</sup>	\$173. <sup>33</sup>	\$151. <sup>67</sup>	\$130. <sup>00</sup>	\$108. <sup>33</sup>	\$86. <sup>67</sup>	\$65. <sup>00</sup>	\$43. <sup>33</sup>	\$21. <sup>67</sup>
<b>MEMBERS-AT-LARGE</b> (no chapter affiliation)	<b>\$0.<sup>00</sup></b>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>	\$0. <sup>00</sup>
<b>\$25 Chapter Dues</b>	<b>\$25.<sup>00</sup></b>	\$25. <sup>00</sup>	\$22. <sup>92</sup>	\$20. <sup>80</sup>	\$18. <sup>72</sup>	\$16. <sup>64</sup>	\$14. <sup>56</sup>	\$12. <sup>48</sup>	\$10. <sup>40</sup>	\$8. <sup>32</sup>	\$6. <sup>34</sup>	\$4. <sup>16</sup>	\$2. <sup>08</sup>
<b>\$40 Chapter Dues</b>	\$40. <sup>00</sup>	\$40. <sup>00</sup>	\$36. <sup>67</sup>	\$33. <sup>30</sup>	\$29. <sup>97</sup>	\$26. <sup>64</sup>	\$23. <sup>31</sup>	\$19. <sup>98</sup>	\$16. <sup>65</sup>	\$13. <sup>32</sup>	\$9. <sup>99</sup>	\$6. <sup>66</sup>	\$3. <sup>33</sup>
<b>\$50 Chapter Dues</b>	\$50. <sup>00</sup>	\$50. <sup>00</sup>	\$45. <sup>83</sup>	\$41. <sup>60</sup>	\$37. <sup>44</sup>	\$33. <sup>28</sup>	\$29. <sup>12</sup>	\$24. <sup>96</sup>	\$20. <sup>80</sup>	\$16. <sup>64</sup>	\$12. <sup>48</sup>	\$8. <sup>32</sup>	\$4. <sup>16</sup>
<b>\$60 Chapter Dues</b>	\$60. <sup>00</sup>	\$60. <sup>00</sup>	\$55. <sup>00</sup>	\$50. <sup>00</sup>	\$45. <sup>00</sup>	\$40. <sup>00</sup>	\$35. <sup>00</sup>	\$30. <sup>00</sup>	\$25. <sup>00</sup>	\$20. <sup>00</sup>	\$15. <sup>00</sup>	\$10. <sup>00</sup>	\$5. <sup>00</sup>
<b>\$67 Chapter Dues</b>	\$67. <sup>00</sup>	\$67. <sup>00</sup>	\$61. <sup>42</sup>	\$55. <sup>83</sup>	\$50. <sup>25</sup>	\$44. <sup>67</sup>	\$39. <sup>08</sup>	\$33. <sup>50</sup>	\$27. <sup>92</sup>	\$22. <sup>33</sup>	\$16. <sup>75</sup>	\$11. <sup>17</sup>	\$5. <sup>58</sup>
<b>\$75 Chapter Dues</b>	\$75. <sup>00</sup>	\$6. <sup>50</sup>	\$7. <sup>00</sup>	\$7. <sup>50</sup>	\$8. <sup>50</sup>	\$9. <sup>50</sup>	\$11. <sup>00</sup>	\$12. <sup>50</sup>	\$15. <sup>00</sup>	\$18. <sup>50</sup>	\$25. <sup>00</sup>	\$37. <sup>50</sup>	\$75. <sup>00</sup>

By checking this box I acknowledge that I have chosen to pay my WIFS membership dues in monthly installments, and I authorize WIFS to charge my credit card each month for the amount of my full or (if applicable) prorated dues divided by the months remaining in the membership year. I further acknowledge I will not receive a refund (full or partial) of any dues already charged to my card should I choose to cancel my membership before the end of the year.