



Massachusetts Association of Insurance Women, Inc.
80 Years Strong

2018-2019 Membership Application

Ms. Mr. Name, Designations: _____

Home Work - Address: _____

Daytime Phone/Ext: _____ Fax: _____

Email Address: _____

Evening Phone: _____ Cell: _____

Employer: _____

Job Title: _____

NEW OR RENEWAL MEMBER N ___ R ___ IF NEW MEMBER, WHO REFERRED YOU TO MAIW?

2018 – 2019 MAIW Dues:

Active / Retired Member \$ 60.00

Student Member \$ 45.00

Member At Large \$ 65.00 -
**A MEMBER AT LARGE IS A MEMBER NOT
ASSIGNED TO A SPECIFIC CHAPTER.**

Retired (Lifetime) \$210.00

Chapter: _____

Make your check or money order out to MAIW, Inc. and mail to:

Denise DeLeo, Membership Chair
c/o Eagle Ins/Peoples United Ins Agency
Ten Commerce Way; Ste 3
Raynham, MA 02767
508.692.6903

Email: ddeleo4210@gmail.com or Denise.deleo@peoples.com if you have any questions.
www.MAIW.org