

Massachusetts Association of Insurance Women, Inc. 84 Years Strong

2023-2024 Membership Application

☐ Name and Designations:		
☐ Home ☐ Work - Address:		
Daytime Phone/Ext:	Cell:	
Email Address:		<u>.</u>
Employer:		
Job Title:		
P&C Producers License Number:	State:	_
	N RIf NEW Member, who referred you to N	
be specifc including designations:	- How would you like your name to appear on your name to your name to your name to your nam	
2023- 2024 MAIW Dues:	**PLEASE NOTE- PAYMENT IS DUE BY 8/30/23**	
☐ Active / Retired Member \$ 60.00		
☐ Student Member \$ 45.00		
☐ Member At Large \$ 65.00 - <u>A MEMBER AT LARGE IS A ME</u>	MBER NOT ASSIGNED TO A SPECIFIC CHAPTER.	
☐ Retired (Lifetime) \$210.00		
Chapter:		
Make your check or money order out to MAIW, Inc. by 8/30/23 and mail to:		

Denise DeLeo, Membership Chair c/o AssuredPartners of New England, Inc. Ten Commerce Way; Ste 3 Raynham, MA 02767 508.506-5533 OR 617-406-7493 (CELL)

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