

# WASHINGTON INSURANCE NETWORK

P.O. Box 821878 • Vancouver, WA 98682



## Membership application

New Member     Renewal

Please TYPE OR PRINT CLEARLY. All applicable information must be completed to process application.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL (type/print clearly): \_\_\_\_\_

Any of the following changed since the previous membership year?     Position:     Employer     Membership

Name (state your previous name) \_\_\_\_\_

### REFERENCES (Required for new members):

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

### WIN MEMBERSHIP DUES

*Membership year is July 1 through June 30. An initiation fee of \$5.00 is included in the dues listed below. Renewals submitted after July 31 must include a \$5.00 reinstatement fee.*

**NEW MEMBERS:**     Regular.....\$35

**RENEWALS:**     Regular.....\$30  
                       Honorary

### WIN MEMBERSHIP CATEGORIES

**Regular Members.** Any person affiliated with the insurance industry (all types of liability, risk management, property, workers' compensation, health, accident and fire claims) will be a regular member upon application, acceptance of the application and payment of dues in full.

**Honorary Members.** Any past President of this organization, not removed from office for due cause, and/or upon retirement from the insurance industry shall have their dues waived.

**Special Members (non-voting).** The Insurance Commissioner of the State of Washington and/or a deputy selected by the Commissioner to represent the commissioner in this association. The dues of these members will be waived.

### WIN COMMITTEES

Please indicate committee on which you would serve:     Nominating     Membership     Program     Education

### ATTESTATION

I am a person as described above and hereby apply for REGULAR MEMBERSHIP.

I am a person as described above and hereby apply for SPECIAL MEMBERSHIP.

I am a Past President as described above and hereby apply for HONORARY MEMBERSHIP.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### WIN Membership Committee Use Only

Received \_\_\_\_\_ Comments \_\_\_\_\_

Amount Paid \_\_\_\_\_

Approved \_\_\_\_\_