

NATIONAL ASSOCIATION OF INSURANCE WOMEN (INT.L)



National Headquarters Office: 1847 East 15th Street, Tulsa, OK 74104 (800) 766 6249 Fax (918) 743 1968

CHANGE OF MEMBERSHIP INFORMATION

Date _____

Please check the appropriate box(es):

- The information below represents an **address change**, effective _____ (date).
- The information below represents a **name change**, effective _____ (date).
- The information below represents a **change of employer**, effective _____ (date).
- I am **transferring** from one local association to another, effective _____ (date).

Former local association _____

Local association to which you are transferring _____

HQ Use Only

National dues paid by former local association? Yes Y No Y

(All transfers must be cleared through your new local association. If you are transferring, please return this form to your new local association so they can forward to headquarters.)

MEMBER INFORMATION:

Name _____

Previous Name, if this form is to report a name change _____

Preferred Mailing Address (home Y office Y) _____

Daytime phone (_____) _____ Fax (_____) _____

Employer _____

Local association name _____

Email address _____

Please complete and return to NAIW National, 1847 East 15th Street, Tulsa, OK 74104, or Fax to 918-743-1968, or email membership@naiw.org.

**THIS FORM IS NOT TO BE USED AS AN APPLICATION
FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP.**