

WOMEN IN — INSURANCE

PO BOX 111, COLLINS ST W, VICTORIA 8007



APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name: _____
Company: _____
Position: _____
Business address: _____
Telephone: _____
Facsimile: _____
Email: _____
Industry experience (Years): _____

Industry Sector

Broker Government Sector Insurer Law Firm Risk Management Other

Having completed this application form, I understand that it will be reviewed by the Women in Insurance Committee, that the offer of membership will be at the sole discretion of the abovementioned Committee and any decision made is final and absolute.

Following acceptance of my application, I agree to abide by the Constitution of Women In Insurance, a copy of can be obtained from www.wii.org.au. A summary of the purposes as the association is attached.

SIGNED: _____ DATED: _____

For payment by credit card: please forward this form by email to membership@wii.org.au or post to PO Box 111, Collins Street West, 8007, VIC.

I hereby give authorisation to for Women in Insurance to debit **\$60** from the following credit card:

MASTERCARD VISA AMERICAN EXPRESS

Card Number:

Cardholder's Name: _____

Expiry Date: ____/____

Signature: _____

For payment by cheque: please make the cheque payable to Women In Insurance (Vic) and post with this form to PO Box 111, Collins Street West, 8007, Victoria.

Women In Insurance is a non profit organisation and is not required to register for GST. We are therefore not required to provide a tax invoice and GST is not included in the subscription or renewal prices.

Please note that no tax invoices or receipts will be issued for new membership applications.

ABN 54 494 488 786