



MANITOBA ASSOCIATION OF  
INSURANCE PROFESSIONALS

**A proud member of the Canadian Association of Insurance Women**

## **New Membership Application Form**

### Membership Objectives:

**Education:** To increase knowledge through educational programs  
**Fellowship:** To promote the spirit of friendship and service in the insurance industry and related fields  
**Loyalty:** To encourage and foster high ethical standards in business and social relations.

Name:

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First Initial(s)

Last

Professional Designation(s)

Home Address:

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Street Address

City

Province Postal Code

Home Phone: \_\_\_\_\_ Personal Cell: \_\_\_\_\_ Home Email: \_\_\_\_\_

Occupation:

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Name of Employer:

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Job Title:

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Work Address:

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Street Address

City

Province Postal Code

Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_ Work Email: \_\_\_\_\_

Birthday Month: \_\_\_\_\_

Number of years in the industry: \_\_\_\_\_

How did you hear about MAIP: \_\_\_\_\_

What do you hope to achieve by joining MAIP: \_\_\_\_\_

Do you belong to any other organizations or associations? \_\_\_\_\_

If yes, please list:

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Have you ever held an executive or chair position(s) with another voluntary organization? \_\_\_\_\_

If so, what position:

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Membership Fee: \$55      Receipt Required? Yes/No  
Month                      Day

Please make cheques payable to **Manitoba Association of Insurance Professionals** and mail to:

P.O. Box 66  
Winnipeg, Manitoba R3C 2G1