



## Application for Social Membership

Woman's Life Insurance Society Chapter \_\_\_\_\_ (Number), \_\_\_\_\_ (State) does hereby recommend and accept this applicant as a member of said Chapter.

Recommending Members:

- 1. \_\_\_\_\_ Date: \_\_\_\_\_
- 2. \_\_\_\_\_ Date: \_\_\_\_\_

If joining as a charter member of a new chapter:

Home Office Authorization by: \_\_\_\_\_

Date: \_\_\_\_\_

**Yes! Please contact me about:**

- Protecting my family and assets with life insurance
- Including an annuity in my retirement savings plan

I apply for social membership in Woman's Life Insurance Society. I will comply with the Articles of Incorporation and Laws of the Society, as amended. I will advance the welfare and progress of the Society and its principles of connection, community, and cause.

### Information about the Applicant

Please print

Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

In consideration of my participation as a social member of Woman's Life Insurance Society ("Woman's Life"), I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Woman's Life, their agents, representatives, subordinate chapters, successors or assignees, of any Woman's Life event that I may attend for any and all injuries suffered by me at that event, or which may arise out of my traveling to, participating in, and returning from any Woman's Life event. I further state that I am in proper physical and mental condition to attend any Woman's Life event.

I release the rights to any and all photographic and video materials that Woman's Life or my chapter may publish from any Woman's Life events without obligation to me.

\_\_\_\_\_  
Signature of member (or parent if under age 18)

## CARD PAYMENT AUTHORIZATION

Cardholder's name as it appears on credit card \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cardholders billing address (number/street) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Amount to be charged: \$20.00** Card Type:  Visa®  MasterCard®  Discover®

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ C.I.D. \_\_\_\_\_ (3 digit # on back of card)\*

Cardholders Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: Chapter officers and members may not accept dues payments and should not have access to a member's payment information. Dues should be paid by check, credit or debit card. The new member should complete the credit card information section or attach a check payable to Woman's Life and mail the completed application and payment directly to Woman's Life or give it personally to a Woman's Life representative. Dues are not deductible as a charitable contribution.**

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## AUTOMATIC CREDIT CARD PAYMENT SERVICE AGREEMENT AND AUTHORIZATION

Thank you for becoming a member of Woman's Life Insurance Society ("Woman's Life" and/or the "Society"). This written Member Service Agreement sets the terms and conditions of your enrollment in the Society's automatic credit card withdrawal for a social membership.

**Annual Social Membership Dues:**

The annual dues for a social membership in Woman's Life are \$20. You will become a Social member of Woman's Life on the date this application is received and processed by Woman's Life. This will be considered your anniversary date. Up to ten (10) days in advance of every anniversary date thereafter, the full \$20 social membership dues will be automatically charged to the credit card number you have provided to Woman's Life unless you notify us that you no longer wish to subscribe to this service thirty (30) days prior to your anniversary date.

### CONSENT AND AGREEMENT

By selecting the annual automatic credit card payment service, and by signing my name below, I acknowledge that I have read the foregoing agreement and understand its contents. I consent to the terms and conditions set forth.

I hereby authorize Woman's Life Insurance Society to charge my credit card account annually, for the Automatic Credit Card Payment for Social Member Dues as outlined in the Agreement above.

Acknowledged on this date: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_