

**Kentucky State Association of Insurance Women
STATE COUNCIL CORPORATE PARTNERSHIP APPLICATION**

To apply for a Corporate Partnership, complete the following and return to:

**Judith M. Botkins
3090 Arbor Drive
Edgewood, KY 41017**

Corporate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Position: _____

Phone Number: _____

E-mail address: _____

Company description: _____

Web site address: _____

I would like to apply for a State Council Corporate Partnership: _____ \$100.00 annual fee

Payment: I have enclosed check number _____ payable to KSAIW in the amount of
\$_____.

By signing this application, I understand my Corporate Partnership begins upon receipt of a confirmation letter from KSAIW. I authorize KSAIW to send me written and /or electronic information regarding my benefits and KSAIW programs. Our affiliation with KSAIW does not guarantee remuneration of any kind.

Signature: _____ Date: _____