



## Application for membership to the Women's Mentoring Agent Network

Complete and fax to **Marcia** at **641.755.4698**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Fax

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-Mail Address

Insurance Licensed       Other \_\_\_\_\_

Please send information about:       Convention     WAVES     Mentoring Opportunities  
 Marketing Webinars     Business Management Training     Product Training

How many years have you been in the business?: \_\_\_\_\_

Any agents in your downline?:       Yes       No      If yes, how many? \_\_\_\_\_

How much premium did you write during the last 12 months?  
 \$0-499K       \$500K - \$999K       \$1 Mil - \$2 Mil       \$2 Mil - \$3 Mil       Over \$3 Mil

What percentage of your insurance business income during the last month was in:

\_\_\_\_\_ % Fixed / Indexed Annuities  
\_\_\_\_\_ % LTC  
\_\_\_\_\_ % Target Life Premium  
\_\_\_\_\_ % Securities / Variables  
\_\_\_\_\_ % Health / Med Sup  
\_\_\_\_\_ % Other

Have you ever received recognition in the Insurance Business?       Yes       No  
If yes, please share your accomplishment: \_\_\_\_\_

**By signing below I specifically authorize the Women's Mentoring Agent Network and Brokers International, Ltd. to fax, email and call me at the above provided numbers and addresses. I also understand that in order to retain membership in the WOMAN™ program, I must maintain good standing with Brokers International, Ltd. and comply with the requirements set forth by WOMAN™ as adopted from time to time. I am excluded from this requirement if I am an assistant/marketer in an agency or a carrier representative.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You will be contacted regarding acceptance into the program and training availability.  
Please complete and fax to 641.755.4698 or mail to 1200 E. Main St, Panora, IA 50216.  
Call 866-250-9160 with questions.**

For Agent Use Only.