



MONTHLY ATTENDANCE RECORD AND PROFILE UPDATE

NAME: _____

DATE: _____

EDUCATION: Have you enrolled in or instructed any insurance classes?

_____ Formal Classroom _____

_____ Self Study Group _____

_____ Correspondence Course _____

_____ Instructed _____

_____ attended seminar, workshop, Institutes, NAIW Courses _____

_____ received any Professional designation (CPIW/CPIM, CPCU, CLU, ARM, DAE, AAI, AIS, WCCP, CPDM, CIC) _____

_____ sponsored NAIW courses or workshops _____

N.A.I.W. **State, Regional or National Level**

_____ Held office or committee chairmanship _____

_____ Committee membership and involvement _____

_____ attended conventions or conferences _____

N.A.I.W. **Local Association**

_____ Held office or committee chairmanship _____

_____ Committee membership or INVOLVEMENT _____

AWARDS

Note Description and date received

INVOLVEMENT OF OTHER CHARITIES/COMMUNITY SERVICE

PLEASE ATTACH APPROPRIATE DOCUMENTATION