Member Contact Change Form

Per the CIAW Interlocal Agreement, Section 3.7.1 (see below) each CIAW member is required to designate a member representative. Please provide the information requested at the bottom of the page. The full interlocal agreement is available at [www.ciaw.us](http://www.ciaw.us).

It is important that we have your current contact information on file to guarantee you are receiving: notices required by the state rules, policy renewal and coverage change information, details regarding your Board of Directors, and communications for information that may be valuable to your organization on services included with your membership in CIAW. In addition, election information regarding the Board of Directors election will be sent to the designated member representative given below.

**Please return this form** to the Cities Insurance Association of Washington (CIAW) at [endorsements@chooseclear.com](mailto:endorsements@chooseclear.com). If you have any questions, please contact our underwriting team at 509-754-2027.

***PLEASE COMPLETE ALL FIELDS***

*3.7.1 The governing body of each Member or Associate shall designate in writing a representative who shall be authorized to* ***exercise the Member’s or Associate’s voting rights*** *with respect to the Association and to* ***act on behalf of the Member or Associate*** *with respect to all matters pertaining to the Association.*

Municipality / District Name:

Administrator / Director Name:

Email:

Primary Member Contact / Voting Representative’s Name:

Title:

Email:

Form Completed By:

Printed Name:

Date Signed: