Member Contact Change Form

Per the SIAW Interlocal Agreement, Section 3.7.1 (see below) each SIAW 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.siaw.us](http://www.siaw.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 SIAW. In addition, election information regarding the Board of Directors election will be sent to the designated representative given below.

**Please return this form** to the Schools Insurance Association of Washington (SIAW) 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 Pursuant to Section 2.2 of the By-Laws, the governing body of each Member shall designate at renewal a representative who shall be authorized to* ***exercise the Member’s voting rights*** *with respect to the Association and to* ***act on behalf of the Member*** *with respect to all matters pertaining to the Association.*

School District’s Name:

Superintendent’s Name:

Email:

Primary Member Contact / Voting Representative’s Name:

Title:

Email:

Form Completed By:

Printed Name:

Date Signed: