

# COVER NOTE

## MARCH 2005

A Monthly Publication of the



COVER NOTE EDITOR  
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Insurance Women of Los Angeles  
P O Box 481294  
Los Angeles, CA 90048



COLLECT  
For Insurance Women

Take us, O God, under Thy divine protection.

Make us to act as Thy messengers for peace  
and contentment, for harmony and  
understanding.

Grant that we may see more clearly the point  
of view of other men and women in all lines  
of insurance.

Realizing the highly competitive nature of  
our business,  
teach us to respect competition at all times.

Keep us free from pettiness and unwise  
discrimination.

Let us do our work willingly, honestly and  
thoroughly, giving service graciously at all times.

Teach us, O Lord, to know and to realize  
that by  
Thy grace we can live in perfect peace with one an-  
other.

And grant that through this organization we may  
become closer in friendship and understanding.  
Amen.



Birthstone: Aquamarine, Bloodstone  
Flower: Jonquil



# March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7 Arrangement Deadline	8	9 Board & Dinner	10	11 	12
13	14	15	16	17  St. Patrick's Day	18	19
20  Palm Sunday	21	22	23	24	25  Good Friday	26
27  Easter Sunday	28 Cover Note Deadline	29	30	31		
		happy birthday  Margie Scott - 11th				

2005

# **INSURANCE WOMEN OF LOS ANGELES**

**March Board & Business Meeting**

**Will be held on**

**March 9th, 2005**

**PROGRAM: ETHICS: SHADES OF BLACK & WHITE  
BY VICTORIA LOVINGGOOD**



**TIME: 5:30 PM – BOARD MEETING**

**DINNER: 6:15 PM –**

**Sunroom at the Paradise Café, adjacent**

**To the Beverly Garland Holiday Inn**

**4222 Vineland Avenue, N. Hollywood**

**Phone: (818) 985-6567**

**Cost \$27.00 per Person**

**Includes Hosted Parking**

**Menu:**

**Sautéed Chicken Marsala**

**Tortellini Primavera**

**Fish & Chips**

**Specialty Dessert, Coffee & Tea**

**RSVP To Arrangements Chairman:**

**Cynthia Andrachick @ (818) 464-9365**

**Reservation Deadline: March 7th 2005**

**Note: If you are on the standing reservation list,**

**You must call to cancel**

**No-shows will be billed. This includes members and**

**Non-members.**

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**PARLIAMENTARIANS**

By Appointment

**INSURANCE WOMEN OF LOS ANGELES**

**APPLICATION FOR NOMINATION FOR EXECUTIVE BOARD AND  
CANDIDATE QUALIFICATION FORM**

Name (and designations): \_\_\_\_\_

\_\_\_\_\_  
Daytime Telephone                      Nighttime Telephone                      E-mail

State the Office for which you are seeking nomination (A list of the duties of the Officers and Directors is attached hereto): \_\_\_\_\_

If there is another Office(s) which you would agree to hold if not nominated for your first choice, please state that Office(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Year you joined IWLA                      Year you joined NAIW (if different than the previous response)

Office(s) which you have held in IWLA: \_\_\_\_\_

\_\_\_\_\_

Committee(s) which you have chaired in IWLA: \_\_\_\_\_

\_\_\_\_\_

Committee(s) on which you have served as a member in IWLA: \_\_\_\_\_

\_\_\_\_\_

