

EMPLOYEE BENEFITS DIVISION MEMBERSHIP APPLICATION

Membership Information: Main Office



Name: _____

Agency/Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email Address: _____

Web site Address: _____

Mailing Address: (If different from above) _____

City: _____ State: _____ Zip: _____

If you are selecting an Agency Membership, (several members from one location) please supply a detailed list of each producer in your organization. See below for description of membership type. Please attach additional sheets if necessary.

Name: _____

E-Mail _____

Phone: _____

Fax: _____

Name: _____

E-Mail _____

Phone: _____

Fax: _____

Name: _____

E-Mail _____

Phone: _____

Fax: _____

Name: _____

E-Mail _____

Phone: _____

Fax: _____

Please check one type of membership:

Individual Producer(no employees)- For a single individual, the cost is \$250 per year. The top section of this application is the only necessary section to complete.

Insurance Agency [2 Licensed Employees]..... \$500/year

Insurance Agency [2+ Licensed Employees].....\$500 (base fee, includes first two employees) + \$100 per each additional licensed employee to a maximum of \$2500.00/year

***Please list all producers in above sections..**

Notes Regarding Dues* This is not a bill. Upon receipt of this application, IIANM will send out an invoice for the correct amount. Payment option of Check or Credit Card can be decided at the time of payment. All Credit Card receipts will be mailed to members following any purchase. *All membership prices include state tax. Yes, I would like to be a Member of the Employee Benefits Division. I further understand that this Membership in the Employee Benefits Division does not include any membership rights and/or privileges of the Independent Insurance Agents and Brokers of America, including use of the Big "I" logo.

SIGNATURE: _____ **DATE:** _____

JOIN TODAY!

EMPLOYEE BENEFITS DIVISION DUES STRUCTURE

Individual Producer..... \$250/year

Insurance Agency [2 Licensed Employees]..... \$500/year

Insurance Agency [2+ Licensed Employees].....\$500 (base fee, includes first two employees) + \$100 per each additional licensed employee to a maximum of \$2500.00/year

Lobbyist Donation-- you choose:

___ \$25 ___ \$50 ___ \$100 ___ \$150 Other: \$___

& add it onto your dues payment.

Payment plans available, contact Consuelo Trujillo 505.999.5805

*Dues payable by check or creditcard**

