



# AGENCY MEMBER APPLICATION

Award Winning Excellence Since 1934

## Agency Information: (Main Office)

Agency Name: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Agency Employees - List all main office agency employees

Principal, Producer or CSR	Click <a href="#">here to attach an additional page if necessary</a> <b>Name</b>	E-mail	Licensed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Dues Pricing Information\*

<b>Main Office Charge (includes 1 principal)</b>	<b>\$500</b>
<b>Each Full-Time Employee</b>	<b>\$115</b>
<b>Maximum Fee</b>	<b>\$4,000</b>

**THIS IS NOT A BILL** - IIANM will calculate the correct amount & send an invoice.

### Payment Options: (Please select one)

- Quarterly Invoice
- Semi-Annually Invoice
- Annual Invoice

### Notes Regarding Dues:

\* This fee includes NM State Tax.

## Membership Requirements:

To be an Agency Member of IIANM, your agency must:

- Be licensed under the laws of the State of NM to act as a property and casualty and/or surety insurance agent; and
- Have the legal ability to represent more than one insurance company; and
- Have ownership of expirations and renewals on a majority of your business.

**Branch Information:** (Click [here](#) if you need to list additional branches)

Branch Name: \_\_\_\_\_  
Main Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Branch Employees:** (Please list all branch employees)

Principal, Producer or CSR	Name	E-mail Address	Licensed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Companies Represented:** (Companies with which you have a direct relationship)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Here at the Big I, we are constantly looking for ways to help you and your employees prosper. We value your membership and hope to continue providing products and services that meet or exceed your needs. What are the areas that interest you most?

- Insurance Markets
  - Continuing Education
  - Professional Development
  - E&O Coverage
  - Networking Events
  - Insurance Licensing Preparation
  - Advocacy
  - Branding for your Agency
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application is hereby made for membership (or continued membership) in the Independent Insurance Agents of New Mexico, Inc. I agree to observe the bylaws and policies of the Association and pay dues based on the total number of employees in my agency. All branches will be reported and the appropriate dues paid. I certify that I meet all membership requirements of the Association and that the information contained in this application is true and correct.

It is understood that new membership must be approved by the board of the Association.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

After filling out this form, please email it back to [rachel@ianm.org](mailto:rachel@ianm.org) to apply.



