



### TO BE ELIGIBLE FOR MEMBERSHIP, AN AGENCY MUST:

1. Have one or more direct appointment(s) with a company subscribing to the American Agency System.
2. Own their expirations.
3. Have the right to represent more than one company.

### AGENCY INFORMATION

*IF YOU HAVE MULTIPLE LOCATIONS, PLEASE ALSO COMPLETE THE SUPPLEMENT*

AGENCY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

THE ABOVE ADDRESS IS: COMMERCIAL  RESIDENTIAL  DO YOU HAVE MORE THAN ONE LOCATION? YES  NO  IF YES, PLEASE COMPLETE SUPPLEMENT.

NUMBER OF STAFF (AT ALL LOCATIONS, INCLUDING YOURSELF) \_\_\_\_\_

### AGENCY OPERATIONS

LEAD CARRIER \_\_\_\_\_ AGENCY TYPE/PRIMARY FOCUS: P&C  L&H

AGENCY MANAGEMENT SYSTEM \_\_\_\_\_ BUSINESS STRUCTURE: C\_CORP  LLC  LLP  PARTNERSHIP  S\_CORP  SOLE PROP

ARE YOU A MEMBER OF A CLUSTER OR AGGREGATOR? YES  NO  IF YES, PLEASE LIST \_\_\_\_\_

### PRIMARY (VOTING) MEMBER

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

BIRTH DATE (FOR CONTINUING EDUCATION) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ EMAIL \_\_\_\_\_

RESIDENT LICENSE STATE \_\_\_\_\_ RESIDENT LICENSE # \_\_\_\_\_

SIGNATURE OF PRIMARY (VOTING) MEMBER \_\_\_\_\_

### FULL TIME AGENCY STAFF

*IF YOU HAVE ADDITIONAL STAFF, PLEASE ALSO COMPLETE THE SUPPLEMENT*

| FIRST NAME | MI | LAST NAME | SUFFIX | BIRTH DATE<br>(FOR CONTINUING EDUCATION) | EMAIL | RESIDENT LICENSE STATE | RESIDENT LICENSE # | ROLE:<br>-PRODUCER<br>-CUSTOMER SERVICE<br>-UNLICENSED STAFF<br>-OTHER (PLEASE LIST) | OFFICE LOCATION<br>(IF YOU HAVE MORE THAN 1) |
|------------|----|-----------|--------|------------------------------------------|-------|------------------------|--------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |
|            |    |           |        | / /                                      |       |                        |                    |                                                                                      |                                              |

## NATIONAL AFFILIATION

MD members are affiliated with the National Association of Professional Insurance Agents (PIA).

## MEMBERSHIP INFORMATION

- ▲ Dues are based on the number of full-time staff on record and verified annually. The total number of staff includes staff at all locations of the agency as well as the owners.
- ▲ Membership runs from April 1 through March 31.
- ▲ Membership is subject to approval.
- ▲ A portion of IA&B membership dues are deductible as ordinary business expenses under the Internal Revenue Code; however, dues may not be considered as charitable contributions.
- ▲ Dues are subject to change.
- ▲ There is no refund allowance, part or in full, for membership dues.
- ▲ Pro-rated dues and incentives are not applicable to an agency during a fiscal year in which they have not renewed IA&B membership.

## ANNUAL DUES

The chart below displays the dues amount based on number of full time employees. The amounts are based on a 12-month membership as of April 1, 2018.

## ONLINE DUES CALCULATOR

### IABforME.com/DUES

If you are joining after April 30, 2018, or have an agency staff larger than 25, visit the online calculator for your dues.

| TOTAL # OF FULL TIME EMPLOYEES | ANNUAL DUES | TOTAL # OF FULL TIME EMPLOYEES | ANNUAL DUES |
|--------------------------------|-------------|--------------------------------|-------------|
| 1                              | \$438       | 13                             | \$622       |
| 2                              | \$444       | 14                             | \$641       |
| 3                              | \$450       | 15                             | \$660       |
| 4                              | \$463       | 16                             | \$679       |
| 5                              | \$476       | 17                             | \$698       |
| 6                              | \$489       | 18                             | \$717       |
| 7                              | \$508       | 19                             | \$736       |
| 8                              | \$527       | 20                             | \$755       |
| 9                              | \$546       | 21                             | \$781       |
| 10                             | \$565       | 22                             | \$807       |
| 11                             | \$584       | 23                             | \$833       |
| 12                             | \$603       | 24                             | \$859       |

Staff of 25 or more? Visit [IABforME.com/DUES](http://IABforME.com/DUES) for the online calculator.

## MEMBERSHIP DUES PAYMENT

TOTAL DUE (SEE CHART): \$ \_\_\_\_\_

PAY TOTAL DUE BY CHECK: MAKE CHECK PAYABLE TO IA&B

PAY BY CREDIT CARD: PICK AN OPTION THEN PROVIDE CARD INFORMATION BELOW.

ONE TIME PAYMENT OF TOTAL DUE

AUTO RENEWAL WITH 1 ANNUAL PAYMENT

AUTO RENEWAL WITH 12 MONTHLY PAYMENTS (INCURS \$1 MONTHLY CONVENIENCE FEE)

CARD TYPE: VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

ACCOUNT #: \_\_\_\_\_ EXP. DATE: \_\_\_\_ / \_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

|               |       |
|---------------|-------|
| IA&B USE ONLY |       |
| DATE REC:     | _____ |
| BALANCE DUE:  | _____ |
| AMOUNT REC:   | _____ |
| CHECK #:      | _____ |

## QUESTIONS? CONTACT TIM WONDER

800-998-9644 ▲ 717-795-9100 EXT. 351 ▲ [TIMW@IABFORME.COM](mailto:TIMW@IABFORME.COM)



