



TO BE ELIGIBLE FOR MEMBERSHIP, THE 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

AGENCY NAME _____

STREET ADDRESS _____ This address is: Commercial Residential

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____ TELEPHONE _____ FAX _____

NUMBER OF STAFF _____ LEAD CARRIER _____

AGENCY AUTOMATION SYSTEM _____ AGENCY TYPE/PRIMARY FOCUS: P&C L&H

BUSINESS STRUCTURE: C_CORP LLC LLP PARTNERSHIP S_CORP SOLE PROPRIETOR

PRIMARY (VOTING) MEMBER

1 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

2 FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

BIRTH DATE (FOR CONTINUING EDUCATION) _____ / _____ / _____ EMAIL _____

RESIDENT LICENSE STATE _____ RESIDENT LICENSE # _____

THIS PERSON IS: PRODUCER CUSTOMER SERVICE UNLICENSED SUPPORT STAFF OTHER _____

3 FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

BIRTH DATE (FOR CONTINUING EDUCATION) _____ / _____ / _____ EMAIL _____

RESIDENT LICENSE STATE _____ RESIDENT LICENSE # _____

THIS PERSON IS: PRODUCER CUSTOMER SERVICE UNLICENSED SUPPORT STAFF OTHER _____

4 FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

BIRTH DATE (FOR CONTINUING EDUCATION) _____ / _____ / _____ EMAIL _____

RESIDENT LICENSE STATE _____ RESIDENT LICENSE # _____

THIS PERSON IS: PRODUCER CUSTOMER SERVICE UNLICENSED SUPPORT STAFF OTHER _____

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 employees on record and verified annually.
- ▲ 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 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

