



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

PA & DE members are affiliated with the Independent Insurance Agents & Brokers of America (IIABA).

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.
- ▲ By submitting payment for membership dues, you are deemed to have accepted and be bound by the terms of the “Trusted Choice License Agreement” which can be found at IABforME.com/TrustedChoice. You may choose not to participate in the Trusted Choice Program and not be bound by the the terms of the license agreement by e-mailing trustedchoice@iiaba.net. No license is then granted to use the mark or participate in the program. Payment of full membership dues is required in all cases.



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	\$521	13	\$1,055
2	\$527	14	\$1,103
3	\$533	15	\$1,151
4	\$575	16	\$1,199
5	\$617	17	\$1,247
6	\$659	18	\$1,295
7	\$707	19	\$1,343
8	\$755	20	\$1,391
9	\$803	21	\$1,446
10	\$911	22	\$1,501
11	\$959	23	\$1,539
12	\$1,007	24	\$1,577

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
 - AUTOMATICALLY RENEW ANNUALLY
 - AUTOMATICALLY RENEW 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

