



### 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 (FOR CONTINUING EDUCATION)	EMAIL	RESIDENT LICENSE STATE	RESIDENT LICENSE #	ROLE: -PRODUCER -CUSTOMER SERVICE -UNLICENSED STAFF -OTHER (PLEASE LIST)	OFFICE LOCATION (IF YOU HAVE MORE THAN 1)
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## 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 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.

▲ 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](http://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](mailto: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](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
  - 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](mailto:TIMW@IABFORME.COM)



**▲ APPLICATION SUPPLEMENT: AGENCIES WITH MULTIPLE LOCATIONS OR LARGE STAFF**

**DOES YOUR AGENCY HAVE MULTIPLE LOCATIONS? YES  NO**

**IF YES, PLEASE FILL OUT THE INFORMATION BELOW.**

**ADDITIONAL LOCATION 1:** \_\_\_\_\_ **NUMBER OF STAFF AT THIS LOCATION** \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ This address is: Commercial  Residential

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

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

**ADDITIONAL LOCATION 2:** \_\_\_\_\_ **NUMBER OF STAFF AT THIS LOCATION** \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ This address is: Commercial  Residential

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

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

**ADDITIONAL LOCATION 3:** \_\_\_\_\_ **NUMBER OF STAFF AT THIS LOCATION** \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ This address is: Commercial  Residential

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

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

**FULL TIME AGENCY STAFF** *PLEASE FILL TABLE ON PAGE 1 BEFORE USING THIS TABLE*

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