



MEMBERSHIP APPLICATION

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)
1	The Primary Member counts as the first staff person.									
2					/ /					
3					/ /					
4					/ /					
5					/ /					
6					/ /					
7					/ /					
8					/ /					
9					/ /					
10					/ /					

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.

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: _____

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.

IA&B USE ONLY

DATE REC: _____

AMOUNT REC: _____

CHECK #: _____

QUESTIONS? CONTACT TIM WONDER

800-998-9644 ▲ 717-795-9100 EXT. 351 ▲ 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)
11					/ /					
12					/ /					
13					/ /					
14					/ /					
15					/ /					
16					/ /					
17					/ /					
18					/ /					
19					/ /					
20					/ /					
21					/ /					
22					/ /					
23					/ /					
24					/ /					
25					/ /					