

Membership Application



**INSURANCE
AGENTS & BROKERS**

To apply for membership, please complete all of the information requested on both sides of this application.

EZ Pay options enable paperless automatic renewal of memberships with one annual lump sum or monthly credit card payments. Monthly payments equal 1/12 of annual dues + a \$1 convenience fee.*
*Fee subject to change.

Delaware Association of Insurance Agents & Brokers

MEMBERSHIP ELIGIBILITY

To be eligible for Membership:

1. The agency must have one or more direct appointment(s) with a company subscribing to the American Agency System.
2. The agency must own their expirations.
3. The agency must have the right to represent more than one company.

AGENCY INFORMATION

Agency Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

For shipping purposes, indicate if street address is: Commercial Residential

Number of Staff: _____

Lead Carrier: _____

Agency Automation System: _____

Agency Type/Primary Focus: P&C or L&H

Business Structure: C_Corp LLC LLP

Partnership S_Corp Sole Proprietor

MEMBERSHIP DUES PAYMENT: \$ _____ (See chart on right)

Check enclosed payable to IA&B in full dues amount.

Charge my credit card:

One time only EZ Pay Annually EZ Pay Monthly*

Personal or Business credit card:

VISA MasterCard Am Express Discover

Account Number _____ Exp. Date _____ / _____

Billing address of card - Street Address/PO Box _____

Billing address of card - City/State/Zip _____

Name on the credit card _____

Signature of Cardholder _____

*\$1 monthly convenience fee, subject to change.

IAB Office Use Only:

Date Received _____

Check # _____ P or C _____

Check Amount _____

Promo Code _____

MEMBERSHIP DUES SCHEDULE

Total number of full-time employees	Annual Dues at Renewal
1	\$400
2	\$500
3	\$550
4	\$601
5	\$702
6	\$803
7	\$904
8	\$995
9	\$1,056
10	\$1,107
11	\$1,158
12	\$1,159
13	\$1,160
14	\$1,161
15	\$1,162
16	\$1,263
17	\$1,264
18	\$1,265
19	\$1,266
20	\$1,267
21	\$1,368
22	\$1,369
23	\$1,384
24	\$1,399
25	\$1,414
26	\$1,429
27	\$1,444
28 + go to:	IABforME.com/dues

* Dues are pro-rated May through December of the following year. For current rate, contact the IA&B Sales Center at (800) 998-9644, Option 3 or go to IABforME.com/dues. Membership benefits run through March 31 of the following year.

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NATIONAL AFFILIATION

Delaware Association of Insurance Agents & Brokers is 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 dues are due on April 1 each year.
- 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.



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Mechanicsburg, PA 17055
Phone: (800) 998-9644
Fax: (717) 795-8347
IAB@IABforME.com
IABforME.com

VOTING (PRIMARY) MEMBER

1.

Name (First, Middle Initial, Last & Suffix)

Birth Date (for continuing education purposes)

Resident License State Resident License No.

Email Address

Signature of Primary/Voting Member

FULL-TIME STAFF

2.

Name (First, Middle Initial, Last & Suffix)

Email Address

Resident License State Resident License No.

Birth Date (for continuing education purposes)

This employee is:

- Producer
- Customer Service
- Support Staff
- Ins. Co. Employee
- Other

3.

Name (First, Middle Initial, Last & Suffix)

Email Address

Resident License State Resident License No.

Birth Date (for continuing education purposes)

This employee is:

- Producer
- Customer Service
- Support Staff
- Ins. Co. Employee
- Other

4.

Name (First, Middle Initial, Last & Suffix)

Email Address

Resident License State Resident License No.

Birth Date (for continuing education purposes)

This employee is:

- Producer
- Customer Service
- Support Staff
- Ins. Co. Employee
- Other

5.

Name (First, Middle Initial, Last & Suffix)

Email Address

Resident License State Resident License No.

Birth Date (for continuing education purposes)

Please use a separate sheet for additional staff.

This employee is:

- Producer
- Customer Service
- Support Staff
- Ins. Co. Employee
- Other