

# 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.

## Insurance Agents & Brokers of Maryland

### 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.

<b>IAB Office Use Only:</b>	
Date Received	
Check #	P or C
Check Amount	
Promo Code	

### MEMBERSHIP DUES SCHEDULE

Total number of full-time employees	Annual Dues at Renewal
1	\$491
2	\$507
3	\$523
4	\$539
5	\$555
6	\$571
7	\$587
8	\$603
9	\$619
10	\$635
11	\$651
12	\$667
13	\$683
14	\$699
15	\$715
16	\$731
17	\$747
18	\$763
19	\$779
20	\$795
21	\$811
22	\$827
23	\$843
24	\$859
25	\$875
26	\$891
27	\$907
<b>28 + go to:</b>	<b>IABforME.com/dues</b>

\* 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](http://IABforME.com/dues). Membership benefits run through March 31 of the following year.

# Membership Application

## NATIONAL AFFILIATION

IA&B of Maryland is affiliated with the National Association of Professional Insurance Agents (PIA).

## MEMBERSHIP INFORMATION

- Dues are based on the number of full-time licensed P&C 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.



## 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

5050 Ritter Road  
Mechanicsburg, PA 17055  
Phone: (800) 998-9644  
Fax: (717) 795-8347  
IAB@IABforME.com  
IABforME.com