

Associate Member Application



Trusted Choice[®]

INDEPENDENT INSURANCE
AGENTS OF INDIANA

Additional Information: www.bigi.org

Contact: Tammy Walker, walker@bigi.org (317) 228-3020

Your Company Information

- Insurance Company
 Industry Associate

Company Name: _____

Primary Contact: _____ Primary Email: _____

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Benefit Highlights

Weekly updates during the legislative session on issues that affect the independent insurance agency system.

Complimentary subscription to the IIAI FOCUS magazine and other IIAI communications included in this membership.

Enjoy networking opportunities at reduced member rates including the Annual Convention, Young Agents Conference, Agency Compliance Seminars, and other IIAI educational events.

Discounted booth rate and registrations for exhibitors at our Annual Convention.



Payment

Check enclosed

Visa

MasterCard

Associate Member Dues \$600

Discover

American Express

If paying by credit card, please complete:

Name on Card: _____

Card #: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ City _____ State _____ Zip Code: _____

Signature: _____

Dues to Independent Insurance Agents of Indiana (IIAI) and Independent Insurance Agents and Brokers of America (IIABA), are not deductible as charitable contributions, but are deductible as an ordinary and necessary business expense. To the extent that IIAI/IIABA engages in lobbying, the 17% of the dues that relate to lobbying expenses are NOT deductible as an ordinary and necessary business expense. We strive to keep your membership dues as low as possible, but dues may need to be adjusted from time to time. We appreciate your understanding and continued membership as we strive to provide the best support and services for our members.

Return to IIAI

email: bigiinfo@bigi.org

fax: 317-824-3786

mail: 3435 W 96th Street
Indianapolis, IN 46268

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INDEPENDENT INSURANCE
AGENTS OF INDIANA

Your Staff Information (duplicate page as needed)

Name: _____ Email: _____ Designations: _____

DOB: _____ License # (if licensed): _____ Title: _____ Location: _____

Role: Management Underwriting Customer Service Other _____
 Sales Operations IT

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