ASSOCIATE MEMBERSHIP APPLICATION

CONTACT INFORMATION

Name of Company

Contact Name

Contact Title **Phone Number**

Email Address

Mailing Address

COMPANY INFORMATION

Type of Business

- **Partnership**
- **Corporation**
- **Sole Proprietorship**

Website : _____

Description of Business

Company Principals

Reference of Member in Good Standing

How did you hear about IIABC

First-time member $250.00 for first year only.

I hereby apply for Associate Membership in the IIABC and agree to pay the annual dues of $375.00 (prorate quarterly or first time new member rate applies). I understand that as an Associate Member I am entitled to serve on any committee but the Nominating Committee and can participate in any IIABC activities during the year.
I also understand that according to the IIABC by-laws, an associate member does not have voting privileges.

Click here for credit card payments

Signed By: Date:

Independent Insurance Agents of Broward County, Inc.
5846 S. Flamingo Road, #3060
Cooper City, FL 33330
PH: 954-680-5601 Email: iiabc@iiabc.com Website: www.iiabc.com

IIABC Mission Statement: To serve our member agencies, carrier partners and vendors by providing education, promoting professionalism in the industry, and promoting goodwill through participation in community events.