

ASSOCIATE MEMBER - UPDATED NOV 2020

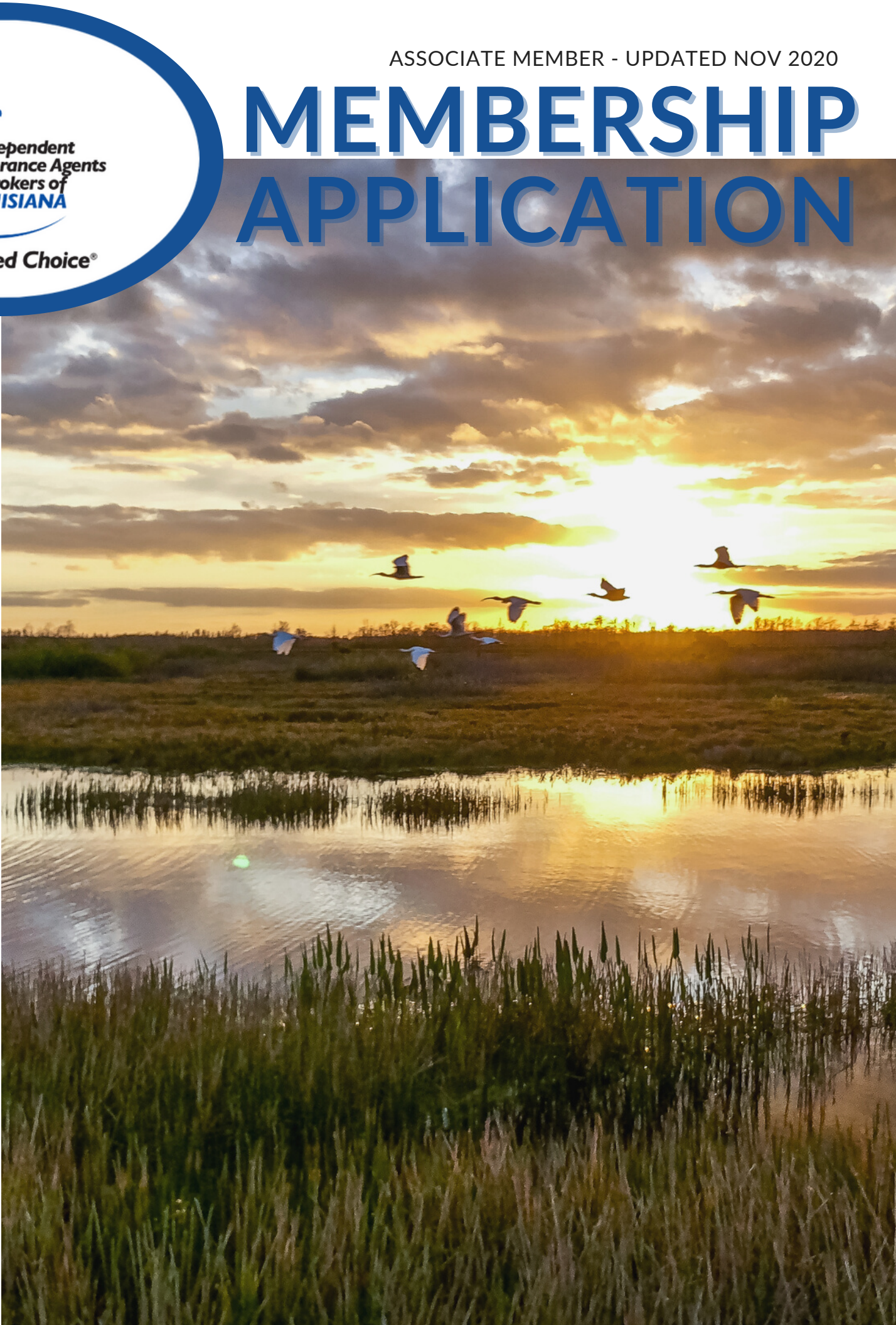


The Trusted Choice®

MEMBERSHIP APPLICATION

MISSION

The mission of the Independent Insurance Agents & Brokers of Louisiana, working in the public interest, is to be the unrelenting advocate for independent insurance agents and to meet the education, political and business needs of IIABL members.





MEMBERSHIP QUALIFICATIONS & BENEFITS

Associate Member

Qualifications:

Organizations that are not retail independent insurance agencies and are therefore not eligible to be an Agency Member, but have business interests in the business of insurance, and wish to be affiliated with the Independent Insurance Agents and Brokers of Louisiana. Associate membership shall be available to, but not limited to, insurance brokers, life insurance agencies, wholesale and surplus lines brokers, insurance companies and other entities which provide goods or services to members of IIABL or who demonstrate a business interest in the insurance industry. Any organization which qualifies to be an Agency Member or Branch Member cannot be an Associate Member.

Benefits:

1. Membership and association with Louisiana Independent Agents
2. Receive information about legislative, regulatory, technical and industry issues
3. Participate in IIABL functions
4. Attend professional education programs

For more information on our benefits, please visit www.IIABL.com.



MEMBERSHIP APPLICATION

Contact Information

Primary Contact:: _____

Company:: _____

Mailing Address: _____

Physical Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____



Dues

- Associate Member (\$700)
- IIABL PAC Contribution (\$300)

Payment

- Check
(made out to IIABL)
- Credit Card
(an invoice will be sent to the email listed above)

TOTAL AMOUNT DUE = **\$1,000.00**



Employees

Please provide agency employee names and email addresses on the Employee Roster page so that they will receive important IIABL communications.



Authorization

Signature: _____

Title: _____ Date: _____



EMPLOYEE ROSTER

Please complete this worksheet for the Agency;
make additional copies as needed*

Name: _____ Email: _____

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