



INDEPENDENT INSURANCE AGENTS OF BATON ROUGE

MEMBERSHIP APPLICATION

Agency Principal: _____

Agency: _____

Mailing Address: _____

Physical Address (if different from mailing): _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Agency License #: _____ Total Number of Employees: _____

Independent Insurance Agents of Baton Rouge Dues Schedule

1 – 3 employees base dues \$175.00

4 – 7 employees base dues \$205.00

8 or more employees base dues \$270.00

*For IIABR dues purposes "employees" include all officers, owners, partners, producers, independent contractors and all other licensed or unlicensed employees who work 30+ hours per week.

IIABR Stock Fee \$20.00

Total Dues = Number of employees plus stock fee: \$ _____

IIABL will invoice your agency

Signature: _____ Title: _____

Mail to: Independent Insurance Agents of Baton Rouge
9818 Bluebonnet Blvd.
Baton Rouge, LA 70810
Phone: 225-819-8007 Fax: 225-819-8027

Please provide employee names and email addresses so that they will receive important IIABR communications.

EMPLOYEES

E-MAIL ADDRESS
