



## INDEPENDENT INSURANCE AGENTS & BROKERS OF LOUISIANA

### 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: \_\_\_\_\_

**Dues Schedule: Dues include membership in both the state and national associations.**

#### IIABA National/IIABL State Dues

1 – 3 employees base dues \$425.00

4 – 9 employees base dues \$575.00

10 or more employees base dues \$900.00

Base dues \_\_\_\_\_ + (\$46.00 x \_\_\_\_\_) # of employees\* = \$ \_\_\_\_\_

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

**IIABL Stock Fee** \$10.00

#### IIABL PAC

1-3 employees \$ 100.00

4-9 employees \$ 200.00

10 or more employees \$ 300.00

**TOTAL DUE:** \$ \_\_\_\_\_

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Mail to: Independent Insurance Agents & Brokers of Louisiana  
18153 E. Petroleum Dr.  
Baton Rouge, LA 70809  
Phone: 225-819-8007 Fax: 225-819-8027  
[www.iiabl.com](http://www.iiabl.com)

Please provide employee names and email addresses on next page so that they will receive important IIABL communications.

Agency: \_\_\_\_\_

## EMPLOYEES

E-MAIL ADDRESS

[illegible]