

INDEPENDENT INSURANCE AGENTS & BROKERS OF LOUISIANA

MEMBERSHIP APPLICATION

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ss:	
ess (if different from ma	illing):
) :	
	Email:
se #:	Total Number of Employees:
	mbership in both the state and national associations.
nal/IIABL State Dues	
es+ (\$46.00 x purposes "employees" include all c nployees who work 30+ hours per v	
	\$ 200.00 \$ 300.00
:	\$
noice" names and log of the license agre may be found at www	Title: e Agents & Brokers of Louisiana Or.
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Please provide employee names and email addresses on next page so that they will receive important IIABL communications.

Agency:	
EMPLOYEES	E-MAIL ADDRESS