



**Independent
Insurance
Agents of Texas**

Helping Members Succeed
1115 San Jacinto, Ste. 100, Austin, Texas 78701
P. O. Box 684487, Austin, Texas 78768
800.880.7428, 512.476.6281, fax 512.469.9512, iiat.org

Associate Membership Application

As an individual or company engaged in a profession or business related to the American Agency System, but in a capacity other than an independent insurance agent, I (we) wish to apply for Associate Membership in the Independent Insurance Agents of Texas.

Membership Benefits

I (we) understand this membership entitles me (us) to receive IIAT's periodic publications. In addition, it provides access to products, educational programs, and exhibit space at IIAT's annual conference at reduced rates. This membership does not include membership in the Independent Insurance Agents & Brokers of America, nor in a local association of independent agents.

Member Information

Company		
Mailing address		Physical address
City, State, ZIP		
Telephone ()	Fax ()	Web site URL
Type of company/business		
Primary contact name		Title
Exhibitor contact name		E-mail

Dues

Join Date	Dues
Jan. 1-Feb. 28	\$ 1,000
Mar. 1-April 30	840
May 1-June 30	660
July 1-Aug.31	500
Sept. 1-Oct.31	320
Nov. 1-Dec. 31	160

The associate membership year is January 1–December 31. Renewal dues are payable January 1 each year. Dues to IIAT are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that IIAT engages in lobbying.

Members-Only Internet Access

Please list the employees who will have access to the IIAT members-only web site.

(Instructions can be found at iiat.org.)

1. Name	E-mail
2. Name	E-mail
3. Name	E-mail
4. Name	E-mail
5. Name	E-mail

(Please list additional names on a separate sheet of paper)

Payment Information

If you have any questions, please call us on the member services hotline, 800.880.7428, or 512.476.6281.

Check enclosed for \$	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	\$
Name on card	Account #	Exp. Date	/	
Cardholder's Signature				

Mail this application to IIAT, P.O. Box 684487, Austin, Texas, 78768

For Office Use Only	Member # _____
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