

ASSOCIATE MEMBERSHIP APPLICATION

**THIS IS A COMPANY MEMBERSHIP.
ALL EMPLOYEES ARE PERMITTED TO PARTICIPATE IN MEMBER EVENTS.**

As an individual or company engaged in a profession or business related to the Insurance Industry, but in a capacity other than an independent insurance agent, I wish to apply for Associate Membership in the Independent Insurance Agents of Tarrant County.

MEMBER INFORMATION

Company Name:

Primary Contact:

Street address:

City:

State:

ZIP Code:

Mailing address:

Phone:

E-mail:

Web Page:

Description of company/business:

Primary Reason for joining IIATC:

NEWSLETTER DISTRIBUTION

LIST EMPLOYEE EMAIL ADDRESSES TO RECEIVE A COPY OF OUR MONTHLY NEWSLETTER.

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

Name:

E-mail:

ANNUAL DUES ARE **\$175** BY CHECK OR **\$185** BY CREDIT CARD

Charge my: (circle one)

VISA

MASTER CARD

AMERICAN EXPRESS

Billing Zip:

Card Number:

Exp Date:

CVV:

MEMBERSHIP DETAILS

Your membership payment is due in full upon approval of your membership. IIATC welcomes all industry professionals regardless of race, ethnicity, gender, religion, or nationality.

I (we) understand and agree that the payment of the annual dues of \$175 does obtain for the undersigned Associate Membership in the IIATC. I further agree to support the principles, the ethics, and the rules of the IIATC. I also understand that the costs of luncheons I (we) attend are in addition to the annual dues and are payable at the time of the event.

Signature of applicant:

Date: