

Independent Insurance Agents of the Panhandle

PO Box 945 | Amarillo, TX 79105
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ASSOCIATE MEMBERSHIP APPLICATION

ELIGIBILITY

We certify that the applicant:

- 1) Is a person/firm who has a bona fide interest in or renders service to the general insurance industry;
- 2) Is not eligible to join the organization as an Agency (Regular) Member;
- 3) Is of good business reputation and subscribes to the bylaws of this association

MEMBER INFORMATION

Person/Firm Name: _____

Primary Contact: _____

Street Address: _____

City, State, Zip: _____

Mailing Address: _____

Phone: _____

Year Established: _____

Web Page: _____

Person/Firm specializes in the following service(s): _____

CERTIFICATION

We certify that the information provided above is true and correct. We have read the Constitution and By-Laws; and qualify as an Associate Member as outlined.

We agree to observe the By-Laws of IIAP and to pay quarterly dues.

We understand that Associate Members do not have the right to vote at membership meetings.

We understand that in the case of any question concerning the content of this application, the IIAP Board of Directors reserves the right of verification.

This information is certified by the following:

SIGNATURE: _____

PRINTED NAME: _____

Date Signed: _____

Please list your primary reason(s) for joining IIAP: _____

DUES INFORMATION

Dues are paid quarterly - \$30 per quarter

Membership will be terminated for failure to pay dues within 60 days of invoice date

Quarterly Lunch Charges will be invoiced separately from dues.

PAYMENT INFORMATION

Check enclosed for \$ _____

Mail Invoice

Thank you for your interest in the Independent Insurance Agents of the Panhandle. If you have questions, please contact Jonathan Bowers at 806.352.5723. We look forward to serving you as a member of the local association!