



Associate Membership Application

Company _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Associate members can receive a second copy of all IIAM communications. Please indicate below the address and contact information for this second communication.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Associate Member Dues \$750

In compliance with regulations, I consent to the receipt of emails and other correspondence sent to my company from IIAM, IIABA and its subsidiaries.

Signed _____ Date _____

Please mail membership application and dues payment to:

Independent Insurance Agents of Mississippi
PO Box 321474
Flowood, MS 39232
Or email to: slane@msagent.org (pay by credit card)

_____ Visa _____ MasterCard _____ Discover _____ AmEx

Card Number _____ Signature _____

Address _____ ZIP _____

Exp. Date _____ Security Code _____

IIAM dues are not deductible as a charitable contribution but are deductible by members as an ordinary and necessary business expense. A portion of the dues, however, is not deductible to the extent that IIAM is engaged in lobbying efforts. The nondeductible portion of dues for the year is 3%.