

Membership Application

City:	State:	ZIP Code:
Website:	Phone:	Fax

MS Agency Revenue

			_
More than		\$10,000,000	\$6,000
\$8,000,000	_	\$10,000,000	\$5,000
\$6,000,000	_	\$8,000,000	\$4,500
\$4,000,000	_	\$6,000,000	\$4,000
\$2,000,000	_	\$4,000,000	\$3,500
\$1,000,000	_	\$2,000,000	\$3,000
\$600,000	_	\$1,000,000	\$2,500
\$400,000	_	\$600,000	\$2,000
\$300,000	_	\$400,000	\$1,500
\$200,000	_	\$300,000	\$1,000
\$100,000	_	\$200,000	\$ 7 50
Less than		\$100,000	\$500

Dues

IIAM Dues
Payment (please select one):
Annual Payment (check enclosed)
Quarterly Payments (check enclosed for first quarter dues)
Number of Branches (if applicable) Total # of Employees (including branches)
Mail application and dues navment to: Independent Insurance Agents

Mail application and dues payment to: Independent Insurance Agents of MS PO Box 321474

Flowood, MS 39232

Supplemental Membership Information

Principal Contact:		
Phone:	Email:	
Branch Locations:		
Name:	Address:	
Name:	Address:	
Name:	Address:	
Please list all employees y	ou would like to receive email bulletins & alerts:	
Name:	Email:	
by the rules and regulations of the standing with the Mississippi De	n the Independent Insurance Agents of Mississippi and agree to abide the Association. I declare that I am a licensed insurance agent in good partment of Insurance; that I am an independent agent with the legal the insurance company; and that I hold a certificate of authority from at impany (list company below).	
Choice and Southern Agents Co	n the Independent Insurance Agents & Brokers of America, Trusted nference. In compliance with regulations, I consent to the receipt of e sent to my agency and additional locations from IIAM, IIABA and its	
Signed:	Date:	

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%.