

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Phone: _____

| DUES SCHEDULE | | | |
|-------------------|---|--------------|----------|
| MS Agency Revenue | | | Dues |
| More Than | - | \$20,000,000 | \$10,000 |
| \$10,000,000 | - | \$20,000,000 | \$8,000 |
| \$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 | \$750 |
| Less Than | - | \$100,000 | \$500 |

IIAM Dues _____

Number of MS Branch Locations: _____

MS Agency Revenue (approximate): _____

Total MS Employees (including branches): _____

Payment (please select one):

_____ Annual Payment (check enclosed)

_____ Two installments (check enclosed
for 1st installment)

Mail Application & Dues Payment to:

Independent Insurance Agents of MS
PO BOX 321474
FLOWOOD, MS 39232

Questions? Contact

Sara Welch ☎ 601-487-4212

Principal Contact: _____

Phone: _____ Email: _____

Branch Locations

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Please list all employees you would like to receive email bulletins & alerts

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

I hereby apply for membership in the Independent Insurance Agents of Mississippi and agree to abide by the rules and regulations of the Association. I declare that I am a licensed insurance agent in good standing with the Mississippi Department of Insurance; that I am an independent agent with the legal ability to represent more than one insurance company; and that I hold a certificate of authority from at least one admitted insurance company (list company below).

IIAM dues include membership in the Independent Insurance Agents & Brokers of America. In compliance with regulations, I consent to the receipt of emails and other correspondence sent to my agency and additional locations from IIAM, IIABA and its subsidiaries.

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%.

