

	Membership Application			
Agency Name:				
Mailing Addres	s:			
City:	s	tate:	ZIP Code:	
Website:	Phone:_		Fax	
	DI	UES SCHEDULE		
	MS Agend	MS Agency Revenue		
	More than	\$10,000,000	\$6,000	
		\$10,000,000		
		\$8,000,000	-	
	\$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	

Payment (please select one):

Annual Payment (check enclosed) Quarterly Payments (check enclosed for first quarter dues)

\$400,000

\$300,000

\$200,000

\$100,000 Less than

Number of Branches (if applicable)

Total # of Employees (including branches) _

Mail application and dues payment to:

Independent Insurance Agents of MS

124 Riverview Dr.

\$600,000

\$400,000

\$300,000

\$200,000

\$100,000

\$2,000

\$1,500

\$1,000

\$750

\$500

Flowood, MS 39232-8908

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%.