

Independent Insurance Agents of Mississippi
Associate Membership Application
September 1, 2019 - August 31, 2020

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 _____

Dues Payment:

Associate Member Dues \$600

IIAM-PAC Contribution _____

Total _____

In compliance with federal regulations, I also give IIAM, IIABA and their subsidiaries permission to send association information and notices of products and services to the fax numbers and e-mail addresses listed on this membership renewal.

Signed _____ Date _____

Please mail membership application and dues check to:

Independent Insurance Agents of Mississippi
124 Riverview Dr.
Flowood, MS 39232-8908

or fax to: 601-939-9553 (pay by credit card or mail dues)

Card Number _____ Signature _____

Address _____ ZIP _____ 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 8%.