

**Independent Insurance Agents & Brokers of Tucson**  
**P O Box 12131**  
**Tucson, AZ 85732-2131**  
**www.iiabtucson.com**

**INDUSTRY ASSOCIATE MEMBERSHIP APPLICATION**

The undersigned firm allied with or associated with the business of insurance and an exponent of the principals of the American Agency System hereby applies for membership in the Independent Insurance Agents of Tucson, Inc.

Name of Firm: \_\_\_\_\_

Meeting member: \_\_\_\_\_

Mail address: \_\_\_\_\_ Zip \_\_\_\_\_

Street address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of business: \_\_\_\_\_

\*E Mail Address \_\_\_\_\_

\*Will receive all official communication. If you would like additional people to receive notifications, please provide a listing. NOTE that the list provided will supersede previous lists maintained by the IIAB Tucson.

**DUES**

The annual dues shall be \$50 for the period of November 1, 2013 to October 31, 2014. **Dues are payable no later than November 4, 2013.** The dues shall include the cost of all benefits as provided below:

- Meeting announcement monthly listing
- Participation at the annual Associate Member meeting
- Networking within the insurance industry
- **ADVERTISING....**option to purchase one of six banner ads on our main home page. These are available on a first come first serve basis for only \$99 for six months or \$150 per year. Going quick...call Kim to reserve your spot now!

**NEW- LUNCH IS NOW SEPARATE FROM MEMBERSHIP:**

Lunch members receive a reduced rate of only \$200 annually or \$20.00 at the door

**YOU SAVE BY PAYING IN ADVANCE!**

Associate Membership				\$ _____
Lunch Members	No _____	x \$ _____	=	\$ _____
Online Banner				\$ _____
<b>Total Annual Dues</b>				<b>\$ _____</b>

Owner/manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your dues to: Kim Canez /IIABT  
P O Box 12131  
Tucson, AZ 85732-2131  
(520) 722-7210

**You may also NOW pay by credit card. To do so, please call Kim or complete the enclosed authorization form and return with your application to [treasurer@iiabtucson.com](mailto:treasurer@iiabtucson.com)**

**Independent Insurance Agents of Tucson**

**Credit Card Transaction Receipt**

Date \_\_\_\_\_

Member/Guest Name \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Circle One:          Visa          MasterCard          Discover          American Express

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Security Code \_\_\_\_\_

Amount \$ \_\_\_\_\_

Zip Code \_\_\_\_\_

Email to send receipt \_\_\_\_\_