

IIAV Associate Membership Application

Applicant is: ☐ P&C Company ☐ L&H Company ☐ Surplus Lines Broker ☐ Other _____



COMPANY INFORMATION

Company Name		Main Contact		
Street Address		City	State	Zip
Mailing Address		City	State	Zip
Phone	Toll Free		Fax	
E-Mail Address		Web Address		





ADDITIONAL MAILING LOCATIONS (Attach additional pages if needed.)

Name		Contact		
Street Address		City	State	Zip
Mailing Address		City	State	Zip
Pho		Fax		
E-Mail Address		Web Address		

Name		Contact		
Street Address		City	State	Zip
Mailing Address		City	State	Zip
Pho		Fax		
E-Mail Address		Web Address		

ANNUAL MEMBERSHIP FEES

Ins Company Fee	\$875.00
Non Ins Vendor Fee	\$400.00
Pro-Rated Amount (if applicable)	\$ _____
Dues may be prorated for new members joining during the fiscal year.	
IIAV's fiscal year begins July 1.	

PAYMENT INFORMATION <input type="radio"/> Check (payable to IIAV) <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/> 				
Total	Card Number		Exp. Date	V-Code*
Billing Street Address			City/State/Zip	
Name on Card			Signature	

*The V-Code is the last three digits on the back of your credit card, in the signature panel.
For AMEX it is the 4 numbers on the top right corner of the front.

A portion of IIAV dues may be tax deductible as ordinary and necessary business expense, but dues are not deductible as a charitable contribution. To the extent IIAV and IIABA engage in lobbying, that portion of the dues is not deductible as ordinary and necessary business expense.

I (we) hereby make application for Associate Membership in the Independent Insurance Agents of Virginia.
I (we) agree and understand that such Associate Membership is non-voting membership in the Association.

Signature _____ Title _____ Date _____

Return this application with payment to: IIAV Membership Department • 8600 Mayland Drive • Richmond, VA 23294

Fax: (804) 747-6557 • Email: members@iiaav.com