

IHAV 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	\$950.00
Non Ins Vendor Fee	\$475.00
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 _____

