## **IIAV Associate Membership Application**

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



The Trusted Choice®

## **Company Information** Company Name Main Contact Street Address City State Zip Mailing Address City State Zip Phone Toll Free E-Mail Address Web Address Additional Mailing Locations (Attach additional pages if needed.) 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** PAYMENT INFORMATION ○ Check (payable to IIAV) ○ \$1,000.00 **Insurance Company Fee** Card Number Exp. Date **Non Insurance Vendor Fee** \$500.00 Billing Street Address City/State/Zip Name on Card Signature **Pro-Rated Amount** (if applicable) \*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. Membership can be done on a Calendar Year Basis and dues may be pro-rated for members joining during A portion of IIAV dues may be tax deductible as ordinary and necessary business expense, but dues are the fiscal year. \*IIAV's fiscal year 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. begins July 1. 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. \_\_\_\_\_\_ Title \_\_\_\_\_\_ Date \_\_\_ Signature \_\_\_\_