

IIAV 2019 ANNUAL DUES FORM

*Enclosed is your renewal invoice which has been calculated based on the number of licensed full- and part-time agency employees (including branches) as currently reflected in our database. Please verify the number of licensed employees, make necessary corrections, additions, or deletions on the enclosed list, & modify your annual membership fee according to the attached chart. For IIABA reporting purposes only, we also ask that you indicate which employees work less than 30 hours per week.
PLEASE RETURN CORRECTED LIST OF EMPLOYEES WITH YOUR PAYMENT.*

Total Amount Due

Number of Licensed Employees 2018 _____ Number of Licensed Employees 2019 _____

1. Annual Dues from attached employee chart (column B) Subtotal \$ _____

***NEW* Less 5% Early Pay Discount**(subtract from subtotal above)
(dues must be **paid in full** and **postmarked by June 1st**)

- _____

OR , If you wish to pay on a Quarterly Basis

Pay amount shown in column C and remit this amount for 1st quarter
(Amount reflects a 5% surcharge)
(You will be invoiced for remaining installments.)

\$ _____

OR , for Monthly Authorization, please see accompanying forms \$ _____
and pay amount shown in column D to authorize first monthly installment.

Voluntary Contribution to **Va. Agents Political Affairs Committee** \$ _____
(\$100 Century Club, \$250 Founders Club, \$500 Eagle Club)

****Your VAPAC contribution allows IIAV to help legislators that support the independent agency system in the VA General Assembly. Contributions are NOT made to political parties.**

TOTAL (remit this amount) \$ _____

Do you have your primary membership in another state ☐yes ☐no If yes, what state? _____

***NOTE: IIAV members who have a primary active membership in another Big I state may pay half dues to Virginia.**

Credit card payments accepted. Card Type ☐VISA ☐M/C ☐AMEX ☐DISC

Card # _____ Expiration Date _____ V-Code _____

Name As It Appears On Card _____ Signature of Cardholder _____

Billing Street Address _____ Zip Code _____

Thank you for your membership. Please return in envelope provided:

- 1. Dues Invoice**
- 2. Corrected employee list and update individual's licensing information**
- 3. This Annual Dues form**
- 4. Credit Card information or Check payable to IIAV and Monthly Recurring Payment Authorization form if selected.**

Employee Dues Calculation Chart

A	B	C	D
No. Emp.	19/20 Annual Fee	Quarterly Plus 5%	Monthly
1	\$499.00	\$130.99	\$41.58
2	\$576.00	\$151.20	\$48.00
3	\$1,100.00	\$288.75	\$91.67
4	\$1,300.00	\$341.25	\$108.33
5	\$1,500.00	\$393.75	\$125.00
6	\$2,019.00	\$529.99	\$168.25
7	\$2,235.00	\$586.69	\$186.25
8	\$2,451.00	\$643.39	\$204.25
9	\$2,668.00	\$700.35	\$222.33
10	\$2,884.00	\$757.05	\$240.33
11	\$3,363.00	\$882.79	\$280.25
12	\$3,584.00	\$940.80	\$298.67
13	\$3,806.00	\$999.08	\$317.17
14	\$4,027.00	\$1,057.09	\$335.58
15	\$4,249.00	\$1,115.36	\$354.08
16	\$4,470.00	\$1,173.38	\$372.50
17	\$4,692.00	\$1,231.65	\$391.00
18	\$4,913.00	\$1,289.66	\$409.42
19	\$5,135.00	\$1,347.94	\$427.92
20	\$5,356.00	\$1,405.95	\$446.33
21	\$6,103.00	\$1,602.04	\$508.58
22	\$6,335.00	\$1,662.94	\$527.92
23	\$6,566.00	\$1,723.58	\$547.17
24	\$6,798.00	\$1,784.48	\$566.50
25	\$7,030.00	\$1,845.38	\$585.83
26	\$7,262.00	\$1,906.28	\$605.17
27	\$7,493.00	\$1,966.91	\$624.42
28	\$7,725.00	\$2,027.81	\$643.75
29	\$7,957.00	\$2,088.71	\$663.08
30	\$8,189.00	\$2,149.61	\$682.42
31-49	\$8,189.00	\$2,149.61	\$682.42
50+	\$ 8,495.00	\$2,229.94	\$707.92

8600 Mayland Drive
Richmond, VA 23294
(804)747-9300

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Independent Insurance Agents of Virginia in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The Independent Insurance Agents of Virginia may at its discretion attempt to process the charge again within thirty (30) days, and I agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I further understand that due to an increase in the size of my organization or a vote by the Board of Directors of The Independent Insurance Agents of Virginia the cost of my membership may increase and that any such increase will take effect in the month of July. I understand that The Independent Insurance Agents of Virginia will notify me in writing about any increase in my monthly payment at least forty five (45) days in advance and that I will be deemed to consent to any such increase unless I contact The Independent Insurance Agents of Virginia and terminate this agreement.