Independent Insurance Agents of El Paso

PO Box 971215
El Paso, TX 79997

NEW MEMBER APPLICATION

Our agency wishes to apply for membership in the Independent Insurance Agents of El Paso. Local dues are payable annually in advance, on a calendar year basis.

ELIGIBILITY: Any person and/or firm which had a bona fide interest in or renders a service to the general instance industry and shall further the interest if the Association (Article III, Section (2), IIAEP Constitution)

The following information is given in support of the application for membership and is to be held in strict confidence.

AGENCY NAME:_____

ADDRESS:_____

TELEPHONE:_____ FAX:_____

EMAIL:_____

RECORDING AGENT LICENSE NO:_____ FILE NO:_____

PRINCIPLES: (Names and Addresses)

_____ _____

_____ _____

_____ _____

DATE AGENCY ESTABLISHED:_____

ERRORS & OMMISSIONS COVERAGE: YES OR NO

COMPANY:_____

PROPERTY & CASUALTY COMPANIES REPRESENTED:

_____ _____

_____ _____

_____ _____

DUES CALCULATION:

No. of Employees: _____ No. of Producers:_____

No. of Principles: _____ Total Agency Headcount: _____

Total Agency Headcount:

1	$150- includes 0 paid lunches per year	7-10	$450- includes 2 person's lunch at No Cost
2-3	$250- includes 1 person's lunch at No Cost	11+	$ 700 - includes 2 person's lunch at No Cost
4-6	$350- includes 2 person's lunch at No Cost		

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APPLICATION FOR INDUSTRY ASSOCIATE MEMBERSHIP

Our company wishes to apply for membership in the Independent Insurance Agents of El Paso.

Note: The filing of this application does not obligate or bind IIAEP to accept the applicant for membership in the Association.

ELIGIBILITY

Any person and/or firm which has a bona fide interest in or renders a service to the general insurance industry and shall further the interest of the Association. (Article III. Section (2), IIAEP Constitution)

DUES

Industry Associate Member dues are $300 per year, payable annually on the Anniversary date of Acceptance and include the cost of the monthly luncheons.

Associate members may attend all general meetings, but shall have no vote in the affairs of the Association nor hold any office.

COMPANY INFORMATION

Firm Name:_____

Individual Manager:_____

Type of Business:_____

Street Address:_____

City/Zip:_____

Mailing Address:_____

City/Zip:_____

Telephone:_____ FAX:_____

Email:_____

Signature _____ Date _____

Accepted _____

Notified _____