



INDEPENDENT INSURANCE AGENTS & BROKERS, INC.

2015 Application for Membership / Membership Renewal Form

Please complete this form and mail with check or credit card authorization to: AIIAB 701 W. 41st Avenue, Suite 103 Anchorage, AK 99503. Checks made payable to: Alaska Independent Insurance Agents & Brokers, Inc. (AIIAB)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____ Email: _____

..... Complete below if NEW Member or Updates Requested. Skip to Page 2 if no updates needed

Company Web Site Address: _____

Your Business is an Insurance: _____ Agency _____ Company _____ MGA _____ Other: _____

Year Business Established: _____ Total # of Employees: _____

Primary Billing Contact: _____ Phone: _____

Email: _____

Please list all employees names and email addresses you would like to have an Association Log-In:
(You may attach a separate paper if needed)

1. _____ Eml: _____

2. _____ Eml: _____

3. _____ Eml: _____

4. _____ Eml: _____

Are there any Additional Branches you would like registered under your membership? _____ Y _____ N

Branch Name, Contact Name, Address, Phone Number, and Email of Contact Name:

Total Due Based on Dues Structure Below: \$ _____

Member Type

<u>GENERAL MEMBER DUES:</u>	1-2 Total Employees	\$300.00
	1-3 Total Employees	\$400.00
	1-4 Total Employees	\$500.00
	1-5 Total Employees	\$600.00

(Each Additional Employee \$100.00 NOT TO EXCEED \$1000.00)

ASSOCIATE DUES: \$500.00 (We strive to keep our Associate Dues low as we count on you throughout the year to sponsor Member events such as our Annual Golf Tournament and Annual Convention & Trade Show)

****** DEFINITION OF EMPLOYEE PER IIABA DUES PURPOSES:**

Employees Include Officers, Owners, Partners, Producers, and other Licensed or Unlicensed employees and Independent Contractors, who further the work of an agency or brokerage firm, wherever located, whether involved with insurance, employee benefits, or other financial services of the agency. Those who work 30+ hours per week should be counted as "1". Those that work under 30 hours should be counted as "1/2".

**** Contributions or gifts to AllAB are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses, subject to restrictions imposed as a result of association lobbying activities as required by the 1993 Revenue Reconciliation Act.

**** AllAB estimates the non-deductible portion of your 2014 dues allocable to lobbying is 25.16%. AllAB estimates your 2015 non-deductible portion of dues is 25.16%.

The Undersigned hereby agrees to pay the 2015 Association Dues in a timely fashion and provide correct agency information to the Association. The undersigned has been given a copy of the Trusted Choice Licensing Agreement to sign, as well as information pertaining to Association Benefits.

Name: _____ Title: _____

Signature: _____ Date: _____

Included with Application:

_____ Trusted Choice Licensing Agreement _____ Payment (Check / Credit Card)

_____ Additional Employee List

..... Office Use Only

_____ Application Review _____ Payment Review / Input

_____ Trusted Choice Licensing _____ Big I Member Input