



## MEMBERSHIP APPLICATION

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Agency Principal Name: (will be voting member) \_\_\_\_\_

Agency Principal Email: \_\_\_\_\_

Date Agency Established: \_\_\_\_\_

### AGENCY CERTIFIES THE FOLLOWING:

Has agency ever been refused a license to act as an insurance broker or as such license even been suspended or revoked by an insurance department?

☐ Yes ☐ No

Does the agency represent primarily insurance companies who subscribe to the principles of the American Agency System? ☐ Yes ☐ No

Agency's Total written P&C Premium Volume:

\$ \_\_\_\_\_

### Top Carriers Represented

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

*The agency agrees, if elected to membership, to faithfully abide by the Constitution and By-Laws of the Association and all rulings of the Board of Directors; to faithfully carry out the intent and purpose of the Code of Ethics of the Independent Insurance Agents & Brokers of America, Inc.; and to endorse and support the National Advertising program of IIABA, and consider use of the Big "I" logo on agency stationary and elsewhere.*

\_\_\_\_\_  
Signature of Agency Principal or Officer

\_\_\_\_\_  
Date)

## GENERAL MEMBERSHIP INFORMATION

MWAIIA is nationally affiliated with the Independent Insurance Agents & Brokers of America (IIABA) (the Big "I"). Membership in MWAIIA includes membership in IIABA.

The MWAIIA and IIABA membership year is September 1 to August 31 annually.

Membership is subject to approval; dues are non-refundable & subject to change.

MWAIIA membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense.

# CALCULATING YOUR ANNUAL DUES

The base dues for MWAIIA is \$523 and includes one primary member (voting member). There is an additional fee of \$57 for each addition licensed full-time P&C agent employed by the agency.

For purposes of dues, a full-time is defined as an employee who works an average of 20 hours or more per week and who works primarily in property and casualty. Do not include life or employee benefit personnel.

Please provide a list of your full-time P&C employees below:

| Name | Email Address | Role<br>(Producer, Owner, CSR, etc) | Resident License St |
|------|---------------|-------------------------------------|---------------------|
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## MAKE YOUR DUES PAYMENT

|   |          |
|---|----------|
| Base dues (includes Primary member)           | \$525.00 |
| + # of full-time P&C employees (above) x \$57 | \$ _____ |
| Total Dues                                    | \$ _____ |

Please make your payment via MWSCI’s online payment portal. Through the online payment portal, you can pay by ACH or by credit card. There is no fee for ACH transactions, credit cards are processed with a 3.25% processing fee. Simply click on the button or the link and choose the payment option you prefer.



<https://anytime.anddone.com/#/mwaiia>