



MEMBERSHIP APPLICATION

Agency Name: _____

Address: _____

City, State & Zip: _____

Contact Name: _____

Contact Email: _____

Agency Principal: _____

Website Address: _____

AGENCY STAFF *(If more space needed, add on separate sheet)*

<u>Full Name</u> <small>Please include middle initial</small>	<u>Email Address</u>	<u>Role in the Agency</u> <small>CSR, Producer, Principal, etc.)</small>	<u>Resident License</u> <u>State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGENCY CERTIFIES THE FOLLOWING:

Carriers Agency Represents

Date the Agency was Established _____ DC P&C License No _____

List membership in other State Big "I" Associations _____

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 _____

Agency Operations are independent from any other profession or business except:

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 IIBA, and consider use of the Big "I" logo on agency stationary and elsewhere.

Signature of Agency Principal or Officer

Date

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DUES SCHEDULE

# Employees*	Total Dues Due
1	\$501
2	\$556
3	\$611
4	\$666
5	\$722
6	\$777
7	\$832
8	\$887
9	\$1002
10	\$1057
11	\$1,112
12	\$1,1670
13	\$1,223
14	\$1,278
15	\$1,333
16	\$1,388
17	\$1,443
18	\$1,498
19	\$1,553
20	\$1,608
21	\$1,664
22+	\$1,664

*The number of employees is the total of every employee who works an average of 20 hours or more per week. Do not include life or employee benefit personnel.

Have Questions?

Contact MWAIIA by email at mwaiia@mwaiia.org or by phone at (202) 516-8181.

MEMBERSHIP INFORMATION

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

As a MWAIIA member, you are deemed to have accepted and be bound by the terms of the "Trusted Choice License Agreement" which can be found at mwaiia.org/TCLicense. You may elect not to participate by emailing trustedchoice@iiaba.net.

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

Membership dues are based on the number of staff on record. The total number of staff includes all locations of the agency and all owners.

Membership dues are pro-rated by 50% if joining on or after March 1 each year.

Membership is subject to approval.

Membership dues are non-refundable.

Membership dues are subject to change.

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

Please send and make checks payable to:
 MWAIIA
 PO Box 369
 New Cumberland, PA 17070