



**Metropolitan Washington Association of Independent Insurance Agents**

**ASSOCIATE MEMBERSHIP APPLICATION**

Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact Email \_\_\_\_\_

We hereby apply for Associate Membership in the Metropolitan Washington Association of Independent Insurance Agents. We agree that the company’s membership in this association is dependent upon the observance of its Constitution and Bylaws and the support of the principles for which it was founded. We understand that the MWAIIA is affiliated with the Independent Insurance Agents & Brokers of America, Inc.

We agree to conform to the generally recognized ethical practices of the business.

\_\_\_\_\_  
Signature Date

Please list additional employees that should receive MWAIIA communications (use additional sheet if needed):

<u>Name</u>	<u>Email Address</u>
_____	_____
_____	_____
_____	_____

**General Information**

- The MWAIIA Member Dues Year is September 1 through August 31.
- Associate Member Dues are \$400 per year.
- After March 1, dues are pro-rated 50%.
- Dues are non-refundable.

**Please mail and make checks payable to:**

MWAIIA  
PO Box 369  
New Cumberland, PA 17070



Metropolitan Washington Association of Independent Insurance Agents  
127 S Peyton Street ♦ Alexandria, VA 22314  
PO Box 369 ♦ New Cumberland, PA 17070  
Phone (703) 706-5446 ♦ Email [mwaiia@mwaiia.org](mailto:mwaiia@mwaiia.org) ♦ [mwaiia.org](http://mwaiia.org)