



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 \$420 per year.
- From March 1-August 31, 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 ♦ mwaiia.org