



APPLICATION FOR SPECIAL MEMBERSHIP

For agencies that belong to the Independent Insurance Agents & Brokers of America through another state Association.

Please complete the information below:

Agency Name

Address

City

State

Zip

Special Membership is by company rather than by individual. Please list the name of the individual who will receive the regular Association mailings and their email address:

Name

Email Address

We hereby apply for Special 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 of America, Inc. We agree to conform to the generally recognized ethical practices of the business.

Attached is our check for one year's dues of \$100.00.

Date

Signature

*Special Membership is defined as being "available to any person who subscribes to the purposes of this organization and who belongs to the Independent Insurance Agents & Brokers of America through another state Association.

Agency is a current member of state of _____.

Mail application and check made payable to MWAIIA to:

MWAIIA

PO Box 369

New Cumberland, PA 17070