

**METROPOLITAN WASHINGTON ASSOCIATION OF INDEPENDENT  
INSURANCE AGENTS**

**APPLICATION FOR SPECIAL MEMBERSHIP**

Agency Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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 of America through another state Association.

Agency is a current member of state of \_\_\_\_\_.

Mail application and check made payable to MWAIIA to:  
MWAIIA, P.O. Box 1152, Fairfax, VA 22038