



MEMBERSHIP APPLICATION

Agency Principal: _____

Agency: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____

Agency License #: _____ Total # of Employees: _____

Independent Insurance Agents of Baton Rouge Dues Schedule:

<input type="checkbox"/>	1-3 employees base dues	\$175.00
<input type="checkbox"/>	4-7 employees base dues	\$205.00
<input type="checkbox"/>	8+ employees base dues	\$270.00
TOTAL AMOUNT DUE		

**For IIABR dues purposes, "employees" include all officers, owners, partners, producers, independent contractors and all other licensed or unlicensed employees who work 30+ hours per week.*

IIABL will invoice your agency.

Signature: _____

Title: _____

Mail to: Independent Insurance Agents of Baton Rouge
18153 E. Petroleum Drive
Baton Rouge, LA 70809

Please provide employee names and email addresses on the 2nd page so that they will receive important IIABR communications.

Updated 01/2023

EMPLOYEE CONTACT INFORMATION

Please provide employee names and email addresses
so that they will receive important IIABR communications.

Employee

Email Address

Updated 01/2023

INDEPENDENT INSURANCE AGENTS OF BATON ROUGE

18153 E. Petroleum Drive, Baton Rouge, LA 70809

Phone: (225) 819-8007 | Fax: (225) 819-8027 | Email: info@IIABL.com | Web: www.IIABL.com