

18153 E. Petroleum Drive Baton Rouge, LA 70809 Phone: (225) 819-8007 www.IIAGNO.org

## **IIAGNO MEMBERSHIP APPLICATION**

Complete the form below and return to the IIAGNO office.

CONTACT INFORMATION	ON:		
Agency Name:			
Primary Contact:			
Address:			
City, State Zip:			
Phone:		Fax:	
Email:			
			□ Corporation □ LLC
EMPLOYEE INFORMAT	ION:		
Name	Title	License #	Email
DUES SCHEDULE:			
# of Employees	Dues A	Amount	
1-3	\$175		
4-9	\$225		
10 or more	\$350		
ATTESTATION:			
I hereby certify that the	e information given	above is true and ac	ccurate and that I meet all the
requirements for mem	bership in the Indep	endent Insurance A	gents of Greater New Orleans.
Signature		Title	

Questions? Contact Kathleen O'Regan at the IIAGNO office.

Phone: (225) 236-1360 | Email: koregan@iiabl.com