

INDEPENDENT INSURANCE AGENTS OF SHREVEPORT BOSSIER MEMBERSHIP APPLICATION

Agency Principal: _____

Agency: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____

Agency License #: _____ Total # of Employees: _____

Independent Insurance Agents of Shreveport Bossier Dues Schedule:

<input type="checkbox"/>	Agency	\$185.00
<input type="checkbox"/>	Associate	\$125.00
TOTAL AMOUNT DUE		

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

Signature: _____

Title: _____

**Please mail form and make check payable to: IIASB
Mail Completed Form & Payment to:
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 IIASB communications.

