

**Independent Insurance Agents of the Panhandle**

PO Box 945, Amarillo, TX 79105

Email: [iiaptexas@gmail.com](mailto:iiaptexas@gmail.com)

**ASSOCIATE MEMBERSHIP APPLICATION**

**ELIGIBILITY**

We certify that the applicant:

- 1) Is a person/firm who has an interest in or renders service to the general insurance industry;
- 2) Is not eligible to join the organization as a Agency (regular) Member;
- 3) Is of good business reputation and subscribes to the by laws of this association

**MEMBER INFORMATION**

Person/Firm Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Page: \_\_\_\_\_

Email address: \_\_\_\_\_

Person/Firm specializes in the following service(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

We certify that the formation provided above is true and correct. We have read the Constitution and By-Laws; and qualify as Associate Member as outlined.

We agree to observe the By-Laws of IIAP and to pay quarterly dues.

We understand that Associate Members do not have the right to vote at membership meetings.

We understand that in the case of any questions concerning the content of this application, the IIAP Board of Directors reserves the right of verification

This information is certified by the following:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please list your primary reason(s) for joining IIAP: \_\_\_\_\_

\_\_\_\_\_

**DUES INFORMATION**

\$50 quarterly due or \$200 annually: Dues will be invoiced quarterly

Membership will be terminated for failure to pay dues within 60 day of invoice date

Lunch charges will be invoiced separately from dues

Thank you for your interest in the Independent Insurance Agents of the Panhandle. If you have any question, please email us at [iiaptexas@gmail.com](mailto:iiaptexas@gmail.com).