

Independent Insurance Agents' Association of Montana

3131 Dredge Drive, Helena, Montana Phone: (406) 442-9555 | Fax: (406) 442-8263 | www.iiamt.org

Agency Member Application for July 1, 2022 – June 30, 2023

Renewal Due August 1, 2022

Agency Na	ame:_														
Mailing Ad	ddress	:													
City:									Sta	ite:		Zip: _			
Street Add	dress:_														
City:								Sta	ite:		Zip: _				
Main Contact:								Ph	one: _						
Agency FEI	IN/Tax	ID:				Er	mail:								
Website:															
Dues C Employee De twenty (20) h persons, and	finition:	IIAM du more pei	es are b week. ⁻	Γhis inclu	des those	e working i	n an insı	urance ca							
Number Employees	1-2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Dues	\$489	\$641	\$793	\$945	\$1097	\$1249	\$1401	\$1553	\$1765	\$1917	\$2069	\$2221	\$2373	\$2525	\$2677
				\$2,67		than 16 er the number Dues	er of tot		/ees) = To		al Dues.				
l certi (availa	fy that able at	the tot www.t	al num	nber of choice.	employ com/lic	rees is acc enseagre	curate. eement	. I have i t) and th		e Truste	d Choic	e Licens	e Agree		
☐ Sei	nd me	a Trusto	edChoi	ce wind	dow clin	ıg.									
Enclose the following documents with payment or email to processing@iiamt.org: Signature: Date:								C W W E (*)	Corporate License Writing Agent Licenses W-9 EFT Authorization Form* (*For commission payments)						
Signa	.ure:							_	Date:						
How to Pay			Γ	Due Date: 8/1/				3/1/2022							
			_	Make Checks Payable to: IIAM											
				Mail to: IIAM, 3131 Dredge Driv					Drive, H	eiena M	1 59602				

Dues include membership in the Independent Insurance Agents & Brokers of America. Dues to Independent Insurance Agents' Association of Montana are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. 11% of the dues, however, is not deductible as an ordinary and necessary business expense to the extent your Association engages in lobbying



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Agency/Company Roster

Please include with your application. Duplicate as needed.

Name	Title	Email



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Branch Locations

Please include with your application. Duplicate as needed.

Branch 1:				
Mailing Address:				
City:				
Street Address:				
City:				
Main Contact:	Phone:			
Email:				
Branch 2:				
Mailing Address:				
City:				
Street Address:				
City:		State:	Zip:	
Main Contact:	Phone:			
Email:				
Branch 3:				
Mailing Address:				
City:				
Street Address:				
City:		State:	Zip:	
Main Contact:	Phone:			
Email:				