



# Independent Insurance Agents' Association of Montana

Helena, Montana

## Agency Member Application for July 1, 2025 - June 30, 2026

Renewal Due July 1, 2025

Agency Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency FEIN/Tax ID: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

### Dues Calculation:

**Employee Definition:** IIAMT dues are based on the total number of persons working in the property & casualty insurance business for your agency twenty (20) or more hours per week. This includes those working in an insurance capacity as stakeholders, partners, individual proprietors, licensed persons, and all other employees who work for your agency as stated above.

AGENCY SIZE	2025 - 2026 DUES	5 PEOPLE	\$1,075	9 PEOPLE	\$1,755	13 PEOPLE	\$2,500
1 - 2 PEOPLE	\$555	6 PEOPLE	\$1,250	10 PEOPLE	\$2,000	14 PEOPLE	\$2,675
3 PEOPLE	\$730	7 PEOPLE	\$1,420	11 PEOPLE	\$2,165	15 PEOPLE	\$2,850
4 PEOPLE	\$900	8 PEOPLE	\$1,580	12 PEOPLE	\$2,330	16 PEOPLE	\$3,000

If more than 16 employees, please use this formula:  $\$3,000 + (\$16 \times \text{the number of total employees}) = \text{Total Annual Dues}$ .  
Dues are capped at \$6,000.

**TOTAL NUMBER OF EMPLOYEES:** \_\_\_\_\_ **TOTAL DUES:** \_\_\_\_\_

I certify that the total number of employees is accurate, I have read the Trusted Choice License Agreement (available at [www.trustedchoice.com/licenseagreement](http://www.trustedchoice.com/licenseagreement)) and the Pledge of Performance ([www.trustedchoice.com/about-us/pledge-of-performance](http://www.trustedchoice.com/about-us/pledge-of-performance)).

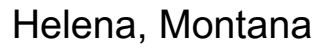
**Due Date:** 7/1/2025

**Credit Card:** Send completed application to [education@iiamt.org](mailto:education@iiamt.org), and request link for online pay.

**Check:** Make checks payable to: IIAMT, 8354 Northfield Blvd, Suite 2710, Denver, CO 80238

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

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. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent your Association engages in lobbying. This percentage will be available in February 2026.



Please include with your application. Duplicate as needed.

[illegible]



# Independent Insurance Agents' Association of Montana

Helena, Montana

## Branch Locations

Please include with your application. Duplicate as needed.

Branch 1: \_\_\_\_\_

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

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

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

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

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Branch 2: \_\_\_\_\_

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

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

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

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

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Branch 3: \_\_\_\_\_

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

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

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

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

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Branch 4: \_\_\_\_\_

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

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

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

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

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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