

Independent Insurance Agents' Association of Montana

Helena, Montana

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

Renewal Due July 1, 2025

Mailing Addre							
~ 14	ess:						
City:					_State:	Zip:_	
Street Addres	ss:						
City:					_State:	Zip:_	
Main Contact:					Phone:		
Agency FEIN	/Tax ID:		Email	:			
Website:							
Dues Calcul	lation:						
agency twenty (20) or more hours pe	er week. This inclu	udes those worl	persons working in king in an insurance your agency as stat	capacity as s	•	
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 mo	ne man 10 employe	es, piease use tilis		+ (\$16 x the number pped at \$6,000.	or total employe	es) – Total Allitual L	Jues.
	ER OF EMPL	.OYEES:		TOTAL	. DUES: _		
OTAL NUMB	e total number ww.trustedcho	of employee	nseagreeme	te, I have read ent) and the Ple	the Truste		 nse Agre
COTAL NUMB certify that the available at wo www.trustedch	e total number ww.trustedcho noice.com/abo	of employee	nseagreeme	te, I have read ent) and the Ple	the Truste		
certify that the available at www.trustedch	e total number ww.trustedcho noice.com/abo 2025 send complete	of employee pice.com/licer put-us/pledge	nseagreeme -of-perform to educatio	te, I have read ent) and the Ple	the Trusted edge of Per	rformance t link for online	e pay.

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.



Independent Insurance Agents' Association of Montana

Helena, Montana

Agency/Company Roster

Please include with your appplication. Duplicate as needed.

Name	Title	Email



Independent Insurance Agents' Association of Montana

Helena, Montana

Branch Locations

Please include with your appplication. Duplicate as needed.

Branch 1:		
Mailing Address:		
City:		Zip:
Street Address:		
	State:	Zip <u>:</u>
	Phone:	
Email:		
Branch 2:		
Mailing Address:		
City:		Zip:
Street Address:		
City:	State:	Zip:
	Phone:	
Email:		
Branch 3:		
Mailing Address:		
City:		Zip:
Street Address:		
	State:	Zip:
	Phone:	
Email:		
Branch 4:		
Mailing Address:		
City:		Zip:
Street Address:		· -
	State:	
	Phone:	
Email:		