

Independent Insurance Agents of Oklahoma
AFFILIATE MEMBERSHIP APPLICATION

(Please Print)		Member Number (for office use only):	
ORGANIZATION INFORMATION			
Organization Name:			
P.O. Box:	City:	State:	ZIP Code:
Street Address:	City:	State:	ZIP Code:
Telephone: ()	Fax: ()	Your Primary Business:	
Primary Contact (to receive mailings):	Email Address:	Web Site:	

ADDITIONAL MAILINGS			
(Additional Membership Mailings are \$75 each, per year.)			
Full Name:		Email Address:	
Mailing Address:			
Telephone: ()	Fax: ()	Title:	
Full Name:		Email Address:	
Mailing Address:			
Telephone: ()	Fax: ()	Title:	

ANNUAL ASSOCIATE DUES			
Annual dues run for the period of July 1 through June 30. Dues may be prorated if joining after July 1 and before April 1. Associate members joining after April 1 will have their dues payment applied to the following fiscal year.			
Annual Associate Membership:	\$250.00		\$ _____
Additional Mailings:	\$75.00 (each)		\$ _____
Please check one: <input type="checkbox"/> Check Enclosed (payable to IIAO) or Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MC			Total Amount Enclosed: \$ _____
Credit Card Number:		Expiration Date:	
Signature:		Today's Date:	

Please return application with payment to:

P.O. Box 13490 • Oklahoma City, OK 73113
 Phone: (405) 840-4426 • (800) 324-4426 • Fax: (405) 840-4450 • info@iiaok.com