



## Associate Membership Application and Dues

Company Name \_\_\_\_\_

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

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please furnish the name and email address of person(s) who will be attending the IIAL meetings:

NAME	EMAIL ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ANNUAL DUES (May 1 — April 30): \$200.00**

Associate members will also be responsible for the cost of meals for each luncheon attended. An annual statement for these charges will be sent in April.

**MAKE CHECK PAYABLE TO:** Independent Insurance Agents of Lubbock (IIAL)

**MAIL FORM AND CHECK TO:** Diannah Tatum  
IIAL Secretary/Treasurer  
P. O. Box 64790  
Lubbock, TX 79464-4790