

PO Box 10993 - Fargo, ND 58106 - Phone: 701-640-0593 - Email: Jeff@iiand.org

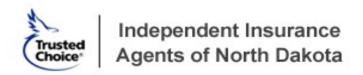
ASSOCIATE MEMBER APPLICATION

Name

Street Address		P.O. Box	
City	_ County	State	Zip Code
Telephone #		Fax #	
Contact Person Email			
	Annual Dues	<u>:</u>	
ı	NSURANCE IND	USTRY \$250	
F	RELATED INDU	STRY \$150	
INSURANCE INDUSTRY Associate Life & Health only or Crop Insurance RELATED INDUSTRY Associate Me and service the Independent Insura	ce only. This is a emberships are	n non-voting mem designed for busi	bership. nesses that work with
membershipSignature	Title		

Please mail your check payable to: IIAND and mail with the forms to:

IIAND PO Box 10993 Fargo, ND 58106



COMPLETE THIS PAGE IF YOU ARE AN INSURANCE AGENCY:

			Owner, Produce	
First Name	Last Name	Email	CSR	