



**INDEPENDENT INSURANCE  
AGENTS & BROKERS OF SAN DIEGO  
ASSOCIATE MEMBERSHIP APPLICATION  
\$250.00 (January – December 2017)**

**NAME OF FIRM:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **COMPANY FAX:** \_\_\_\_\_

**MAIN CONTACT:** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**OTHER COMPANY CONTACTS:**

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

**Note:** The information on this form will also be used to update your listing on the IIAB San Diego Website [www.iiabsandiego.com](http://www.iiabsandiego.com) Please indicate the information you would like to exclude from the website (example: Only list company phone number and not individuals). If needed, please make additional copies of this form.

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
DATE