



**INDEPENDENT INSURANCE
AGENTS & BROKERS OF SAN DIEGO
REGULAR MEMBERSHIP APPLICATION (DEC 2021-DEC 2022)
Dues \$30 per employee, minimum \$60.00/maximum \$750.00**

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: Dues are calculated on your employee count, and not on your contact count. The information on this form will also be used to update your listing on the IIAB San Diego Website 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