

Company Membership Application

Please indicate level of membership:

- | | | |
|--------------------------|-------------------------------|----------|
| <input type="checkbox"/> | Individual Company Member | \$1,000 |
| <input type="checkbox"/> | Bronze Level Company Member | \$3,500 |
| <input type="checkbox"/> | Silver Level Company Member | \$8,500 |
| <input type="checkbox"/> | Gold Level Company Member | \$15,000 |
| <input type="checkbox"/> | Platinum Level Company Member | \$20,000 |

Main Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Company Website: _____

Name, address and e-mail for additional contacts: (use additional paper if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____

Please check box for card type:

Mastercard Visa American Express

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____

Please return this application along with your check or card number for membership dues to:

Independent Insurance Agents of Illinois
4360 Wabash Avenue, Springfield, IL 62711

(800) 628-6436 • (217) 793-6660 • Fax: (217) 391-1146

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