



INDEPENDENT INSURANCE AGENTS  
OF NORTH CAROLINA



# Individual Associate Membership Application

Complete the following application in its entirety for consideration. Return to IIANC at PO Box 1165, Cary, NC 27512 or fax to (919) 882-9881. Contact Allyson Knott, Events and Member Programs Manager, at (888) 275-8909 or [aknott@iianc.com](mailto:aknott@iianc.com) with any questions you may have.

Thank you for considering membership with the Independent Insurance Agents of North Carolina. Individual enrollment is applicable only to agents that have retired from the insurance industry. Associate membership and its benefits apply only to the individual named below for which dues have been paid.

**Office Use Only** Member ID #: \_\_\_\_\_ Date Received: \_\_\_\_\_

## Contact Information

Full Name (with designations): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

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

Fax: \_\_\_\_\_

DOB: \_\_\_\_\_

NPN: \_\_\_\_\_

## Membership Dues

The IIANC individual associate membership year is January 1 – December 31. Your membership dues do not provide membership in IIABA (national association). Membership dues will be pro-rated based on when you join as stated below:

January 1 – June 30    \$100

Join Month: \_\_\_\_\_

July 1 – December 31    \$50

Membership Dues: \$ \_\_\_\_\_

*Membership dues and service charges are not deductible as a charitable contribution for Federal Income Tax purposes. 77% of dues may be deducted as an ordinary business expense.*

## Payment Information (must be submitted with application):

Check Enclosed (payable to IIANC)

Credit Card

MasterCard     Visa     American Express    Amount Submitted: \$ \_\_\_\_\_

Credit Card No: \_\_\_\_\_

CVV2 No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Thank you for your support of IIANC!**