



INDEPENDENT INSURANCE AGENTS
OF NORTH CAROLINA



Retired Individual Membership Application

Complete the following application in its entirety for consideration. Return to IIANC at 101 Weston Oaks Ct., Cary, NC 27513 or fax to (919) 882-9701. Contact Jill Lewis, Membership Coordinator, at (888) 274-6898 or jlewis@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. 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 membership year is September 1 – August 31. Your membership dues do not provide membership in IIABA (national association). Membership dues will be pro-rated based on when you join. Please contact Jill Lewis directly at (888) 274-6898 or jlewis@iianc.com for calculation of pro-rated membership dues.

September 1 – August 31 \$100

Join Month: _____

Membership Dues: \$ _____

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!