

INDEPENDENT INSURANCE AGENTS OF HOUSTON

**7700 San Felipe, Suite 310
Houston, TX 77063
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www.iah.org
rstager@iah.org**

APPLICATION FOR AFFILIATE MEMBERSHIP

Our company wishes to apply for membership in the Independent Insurance Agents of Houston.

NOTE: The filing of this application does not obligate or bind IIAH to accept the applicant for membership in the Association. All applications for membership are submitted to the IIAH Board of Directors for final approval.

ELIGIBILITY:

“Any person or firm who has a bona fide interest in or renders a service to the general insurance industry, and shall further the interest of the Corporation and the American Agency System shall be eligible to apply for affiliate membership in the Corporation. An affiliate member may serve on the Board, but shall not have voting rights as outlined in Article IV, Section 4.4, IIAH Bylaws.

DUES INFORMATION:

Affiliate member’s dues are \$450.00 for the first year, and \$400.00 annually thereafter.

COMPANY INFORMATION

Firm Name _____

Individual Name/Manager _____

Contact Person _____

Type of Business _____

Please explain to IIAH what type of services that you will offer to our members. _____

Mailing address _____

City/State/Zip _____

Telephone () _____ Fax () _____

Email Address _____

Date Company was established: _____

Company Web Site: _____

Business Reference _____

How can IIAH benefit you? _____

Are you a member of IIAT? Yes _____ No _____

Signature _____

Date Accepted _____ * Application for Company Membership referred by: _____