

VERMONT INSURANCE AGENTS ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION



Contact Person: _____ Email: _____

Organization: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Web Address: _____

CLASSIFICATION OF ASSOCIATE MEMBERSHIP

Please select an option that best describes your organization:

- P&C Insurance Company
- Life/Health Insurance Company
- Managing General Agency
- Vendor/Supplier

PAYMENT OPTIONS

VIAA Associate Member dues are \$500 per year. Associate member dues are billed on July 1 each year.

My check is enclosed. Mail and make check payable to VIAA ♦ 600 Blair Park Road Suite 100 ♦ Williston, VT 05495
Please charge my credit card: Visa Mastercard Discover American Express

Card Number: _____ Name on Card: _____

Expiration Date: _____ Security Code: _____

Signature _____

Title _____

A portion of membership payments to the Vermont Insurance Agents Association is deductible as ordinary and necessary business expenses under the Internal Revenue Code. They are not deductible as charitable contributions.