



Independent Insurance Agents of Northeast Florida

P.O. Box 24570 ~ Jacksonville FL 32241 ~ 904.460.9579

IIANF Agency and Associate MEMBERSHIP Form

Agency/Company Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____

Website _____

Agency Principal/Company Representative _____

Email _____@_____

Offices are Located in: _____ Jacksonville Only _____ Throughout Florida

_____ Throughout the Southeast _____ Throughout U.S.

Please indicate number of Full Time employees: _____ # Part Time: _____

Who in your agency or company should we contact about each of the following? Please print name or phone number if different from the Representative listed above. Thank you.

Membership _____

InVEST _____

Legislative _____

Membership Meeting Reservations _____

Promotion of IIANF Events, CE Classes _____

Big I Day _____

Please complete and return with your renewal check. See dues fee structure attached. Thanks!

Mail check made payable to IIANF, to: IIANF, P.O. Box 24570, Jacksonville FL 32241

IIANF DUES FEE SCHEDULE FOR 2010-2011

Agency Membership: Membership dues in the IIANF are based on annual written premiums based on the schedule below.

Associate Membership: Associate Member dues are a flat fee of \$350.00

Legislative: The Associate participates and sponsors a variety of legislative action initiatives, including legislative receptions. Sponsorship of this initiative is optional for all members.

InVEST: The Association fully supports training the workforce through a unique high school training program. Sponsorship is optional.

Independent Insurance Agents of Northeast Florida 2010-2011 Dues Schedule

<i>Check one</i>	Annual Written Premiums	DUES	LEGISLATIVE	InVEST	AMOUNT DUE
	\$25,000,000+	\$800.00	\$75	\$100	\$975
	\$10,000,000 - \$24,999,999	\$700.00	\$75	\$100	\$875
	\$5,000,000 - \$9,999,999	\$625.00	\$75	\$100	\$800
	\$2,500,000 - \$4,999,999	\$575.00	\$75	\$100	\$750
	\$1,000,000 - \$2,499,999	\$515.00	\$75	\$100	\$690
	Below \$1,000,000, please call.				
	Associate Members				
	Associate Member	\$375	\$75	\$100	\$550

Mail your check to: IIANF, P.O. Box 24570, Jacksonville FL 32241-4570

You are asked to complete the enclosed Information Request Form and enclose it with your dues renewal check. Dues are renewable each September 1st. Thank you for your membership!

Signature of Agency / Company Principal or President

Date

The IRS requires we inform members they may still deduct membership dues as an ordinary business expense. Dues are not deductible as a charitable expense.