

## Application for Membership

Agency Name	
Address	
Names of All Members of Firm	
I write, sign, and execute policies in my office as per section	on 2 of the Agents Licensing Law.
<ul> <li>I understand that Solicitors are Full Time Employees and q Insurance Agents of Lubbock.</li> </ul>	ualify as associate Members of Independent
Check below which is applicable to your Agency:	
I □ have or □ do not have a Life License. I □ have or □ occupations as follows:	
I will devote% time to the activities of my agency	y.
<ul> <li>Each IIAL member is also required to participate in the "Bi program sponsored by the agents. This is included in your</li> </ul>	
<ul> <li>I hereby make application for membership in the Independ abide by the Constitution and By-Laws, as well as the State</li> </ul>	
<ul> <li>I further agree that my membership in this Association is a rules, and regulations of the Independent Insurance Agents</li> </ul>	
Signature	Date
Local Membership Application Fee: \$50.00	
% of business placed with Stock Insurance Companies.	
% of business placed with Mutual Insurance Companies.	
% of business placed with Lloyds Insurance Companies.	
% of business placed with other types of Insurance Con	npanies.
My Texas Recording Agents License Number is	Expires
Date Agency established	
Please return (along with your \$50.0	00 Application Fee) to:
Independent Insurance Ager Attention: David McA	

**IIAL Secretary Treasurer** 10110 Vicksburg Ave.

Lubbock, TX 79424-5738

David McAlexander, Ph: 806-789-2618, Email: davidmca1949@yahoo.com