



## Application for Membership

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Names of All Members of Firm \_\_\_\_\_

Names of All Companies Represented \_\_\_\_\_

- I am a bona fide recording agent, maintaining an office and performing the duties of a local recording agent.
- I write, sign, and execute policies in my office as per section 2 of the Agents Licensing Law.
- I understand that Producers are Full Time Employees and qualify as associate Members of Independent Insurance Agents of West Texas.

**Check below which is applicable to your Agency:**

- I  have or  do not have a Life License. I  have or  do not have a Real Estate License. I have other occupations as follows: \_\_\_\_\_
- I will devote \_\_\_\_\_% time to the activities of my agency.
- Each IIAWT member is also required to participate in the "Big I" program, which is a national voluntary program sponsored by the agents. This is included in your State and National membership.
- I make application for membership in the Independent Insurance Agents of West Texas and agree to abide by the Constitution and By-Laws, as well as the State Licensing Law for producers and employees.
- I further agree that my membership in this Association is a privilege dependent up on observance of laws, rules, and regulations of the Independent Insurance Agents of West Texas.

\_\_\_\_\_  
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 Companies.

My Texas Recording Agents License Number is \_\_\_\_\_ Expires \_\_\_\_\_

Date Agency established \_\_\_\_\_.

**Please return (along with your \$50.00 Application Fee) to:**

**Independent Insurance Agents of West Texas  
Attention: Secretary Treasurer  
P.O. Box 65729  
Lubbock, TX 79464-5729**