



**Independent  
Insurance**  
Agents of West Texas

## Associate Membership Application and Dues

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please furnish the name and email address of person(s) who will be attending the IIAWT meetings:

NAME	EMAIL ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ANNUAL DUES (May 1 — April 30): \$200.00

Associate members will also be responsible for the cost of meals for each luncheon attended. An annual statement for these charges will be sent in April.

MAKE CHECK PAYABLE TO: Independent Insurance Agents of West Texas (IIAWT)

MAIL FORM AND CHECK TO: IAL Secretary/Treasurer  
P. O. Box 65729  
Lubbock, TX 79464-5729