



## MEMBERSHIP DUES

The Independent Insurance Agents of West Texas fiscal year begins May 1<sup>st</sup> of each year. Under the By-Laws as amended April, 2011, the dues are to be based on Agency Head Count, Total Number of Owners, Producers, and other Personnel who spend at least twenty (20) hours per week on Insurance business.

Please complete the form below, total the dues column, attach your check payable to Independent Insurance Agents of West Texas (IIAWT) and mail to:

IIAWT Secretary/Treasurer  
P.O. Box 65729  
Lubbock, Texas 79464-5729

1. The number of active stockholders, partners, or individual proprietors who work twenty or more hours per week: \_\_\_\_\_
2. The number of other persons in our agency who spend at least twenty hours per week on insurance business: \_\_\_\_\_
3. Our total agency head count (Total of items 1 and 2) for dues calculation is:\_\_\_\_\_
4. Our Agency Dues equal the amount circled below:

Agency Head Count	Dues	Agency Head Count	Dues	Agency Head Count	Dues	Agency Head Count	Dues
1-5	\$180	12	\$250	15	\$280	18	\$310
6-10	\$235	13	\$260	16	\$290	19	\$320
11	\$240	14	\$270	17	\$300	20+	\$330

Member agencies may send two persons to the luncheon meetings without a charge for meals. Additional representatives and/or guests will be charged for the actual cost of the meal. This is in addition to the dues above. An annual statement for these charges will be sent in April.

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

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

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

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

Please furnish the name and email address of person(s) who will attend the monthly meetings:

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_