



Associate Member Application

The Independent Insurance Agents and Brokers of Arizona (IIABAZ) welcomes and encourages your organization to join over 150 Associate Members. Whether you are a major insurance company, general agency or service provider, we have benefits for you.

IIABAZ, incorporated in 1936, is the oldest and the largest trade association in the state. Approximately 400 agencies with over 2,700 agents make up this organization.

IIABAZ is not a stand-alone association; we are a local arm of the Independent Insurance Agents and Brokers of America, also known as the Big "I". Together with 49 other states, we represent a network of over 300,000 agents and insurance personnel.

Associate membership entitles you access and an invitation to participate in featured events to be side-by-side with our agency members.

Complete the membership application included and unlock the benefits that only members receive.

BENEFITS OF ASSOCIATE MEMBERSHIP

Access to IIABAZ Agency Members

- Membership Directory which lists all Member Agencies in Arizona, along with Associate Members. New Associate and Agency Members will be listed in the new release every January.
- Online Director Listing at www.iiabaz.com under Member Resources.
- Networking opportunities at regional and state events.

Advocacy and News

- Advocacy at both state and federal level, courts, and regulatory authorities.
- Up-to-date information on legislation, regulation, and industry trends that will affect the property and casualty and life and health insurance industry on a state and national level via emails, bulletins, newsletters, and meetings.

Other Perks

- Discount on exhibiting at the IIABAZ Annual Convention—one of the largest trade shows in the west.
- Discount on IIABAZ Annual Convention Registrations and other events.
- Discounted and Free Continuing Education seminars, webinars and webcasts.
- Discounted advertising opportunities in the IIABAZ's bi-weekly broadcast email — *The Arizona Big "I" Update* and bi-monthly newsletter—*News & Views*.



Associate Member Application

Company Name _____

Main Contact _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

ADDITIONAL COMPANY PERSONNEL

If there is anyone else in your company who would be interested in receiving the News & Views and all other information that comes from the association office, please include their information below. Please attach additional sheets if necessary.

Name _____ Email Address _____

Name _____ Email Address _____

Name _____ Email Address _____

Name _____ Email Address _____

ASSOCIATE MEMBERSHIP

Any person, natural or corporate, partnership or association, who is in, allied with, or associated with, or who is an exponent of the American Agency System, may apply for Associate Membership upon payment of the dues provided for herein, and compliance with such conditions as may be prescribed by the Board of Directors. Persons eligible for Associate Membership shall include any firm or organization connected with general insurance business.

CODE OF ETHICS

- I pledge myself to maintain friendly relations with other firms in my community. I will compete with them on an honorable and fair basis, make no false statements, nor any misrepresentation by omission of facts, inference or subterfuge.
- I will consider unethical, the obtaining of business by commercial bribery, coercion or unfair influence.
- I will adhere to a strict observance of all laws relative to the conduct of my business and will studiously avoid any practices which might cause the business adverse notoriety or disrepute.
- I will cooperate in every reasonable way with my competitors for the betterment of our respective businesses and advancement to a still higher level of service.

Realizing that only by unselfish service can the insurance business have the public confidence it merits, I will at all times seek to elevate the standards of the insurance profession by governing all my business and community relations in accordance with the provisions of this Code and by inspiring others to do likewise.

DUES PRICING INFORMATION

The main office charge for Associate Membership is \$400 a year. For each additional office location (branch) that receives listings in the Directories and access to member benefits there is a \$100 annual charge. Please submit the company name and contact information for each branch on a separate page.

IIBAZ is GREEN! All communications will be paperless except for certain publications and invoices. If you require paper mailings, there is a nominal \$25 annual charge. Please include the \$25 with your dues payment.

Application is hereby made for Associate Membership in the Independent Insurance Agents and Brokers of Arizona, Inc. I understand that the annual dues entitles me to receive newsletters, bulletins, and communications of the Association and to other rights and privileges as approved by the Board of Directors. I further understand that Associate Membership does not carry voting privileges, nor does it include any membership rights and/or privileges of the Independent Insurance Agents and Brokers of America including the use of the Big "I" and Trusted Choice logos.

Signature _____ Date _____

PAYMENT INFORMATION

\$ _____ Dues Amount (\$400 + Optional Mailings at \$25 + Optional Branches at \$100 each)

Check enclosed payable to IIBAZ Charge to credit card (Visa, MasterCard, Discover and American Express)

Card Number _____ Exp. Date _____ V-Code _____ Name on Card _____

CC Billing Address _____ Signature _____

Email Address for Receipt _____