IIABCal
Independent Insurance Agents & Brokers of California

Associate Member Application

Your Information

Welcome, and thank you for considering associate membership with Independent Insurance Agents & Brokers of California (IIABCal), the state trade association representing independent insurance brokers and agents in California. Completing this application is your first step to benefitting from visibility, access and commitment to independent insurance brokers & agents.

Your Full Name _____

Your Phone _____

Your Email Address _____

Company Information

Company Name _____

DBA _____

Physical Address _____ Suite/Floor _____

City _____ State _____ Zip Code _____ - _____

Mailing Address _____ Suite/Floor _____

City _____ State _____ Zip Code _____ - _____

Main Phone (_____) _____ _____ Ext _____

Fax (_____) _____ _____

Email _____

Website _____

Business Profile

Your Firm's Primary Business(es) _____

Any specialties? _____

Employees (including branches) _____

Contacts (Main Office)

Please provide a complete listing of your main office contacts, titles and email addresses with your application. In so doing, IIABCal can more efficiently and effectively distribute timely information to appropriate office contacts for legislation, education, insurance products, financial service products and the Independent Insider.

Mr/Ms/Dr _____

First _____

MI _____

Last _____

Jr/III/Sr _____

Designation _____

Title _____

License _____ Exp _____ (mm/dd/yy)

Phone (_____) _____ _____ Ext _____

Fax (_____) _____ _____

Cell (_____) _____ _____

Email _____

Please select the role that best fits the way this person serves your company. If this person serves all or a variety of functions equally, please select “Main”

Accounting	○	Administration	○
Advertising	○	Commercial Insurance	○
Dues Billing	○	Editor	○
Exec Dir Local	○	Financial Services	○
Human Resources	○	Legislative Contact	○
Life/Health	○	Main Contact	○
Marketing Contact	○	Personal Insurance	○
President/Local	○	Principal	○
Principal 2	○	Principal Asst	○
Reporter	○	Sponsorship	○
Young Brokers/Agents	○		

To add additional contacts, attach list to application with same information as requested for Primary Contact.

Additional Offices (Branches)

Branch Full Name _____

DBA _____

Physical Address _____ Suite/Floor _____

City _____ State _____ Zip Code _____ - _____

Mailing Address _____ Suite/Floor _____

City _____ State _____ Zip Code _____ - _____

Main Phone (_____) _____ _____ Ext _____

Fax (_____) _____ _____

Branch Company Email _____

Branch Company Name _____

Contact's Email _____

For additional branches, attach list to application with same information as requested on Branch 1.

How did you hear about IIABCal?

Web Site	○	Member	○
Company	○	IIABA	○
Local	○	Agent/Broker	○
Other Associations	○	Media	○
Trade Journals	○	Insurance Company	○
Other	○	Program Partner	○
Past Member	○		

Referring Member's Name _____

What are your primary reasons for joining IIABCal?

Advocacy	☐	Products	☐
Meetings	☐	Events	☐
Networking	☐	Education	☐
Other	☐	Previous Member	☐
Business Development	☐	Advertise	☐

PLEASE READ THE FOLLOWING: I apply for associate membership in Independent Insurance Agents and Brokers of California and I understand that: Membership may be denied or revoked at any time if information provided on this application is not true and complete, or as specified in the Bylaws; my firm and the producers within it meet the qualifications for associate membership; associated membership dues are fully earned at the inception of membership and no refund is entitled once membership is accepted.

☐ Check here to acknowledge you have read the above.

Use the following space if you have any additional comments or questions for Member Services.

Print and complete application then Email to IIABCalMemberUpdate@iiabcal.org or FAX to 925.484.6014

IIABCal
7041 Koll Center Parkway, Suite 290
Pleasanton, CA 94566
Phone 800-772-8998
Fax 925-484-6014