



## MEMBERSHIP APPLICATION

[www.iiaac.com](http://www.iiaac.com)

I/We wish to apply for membership to the Independent Insurance Agents of Oakland County.

NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

DUES STRUCTURE: Regular Membership, \$185 per agency, per year.  
Associate Member (companies, vendors), \$185 per entity, per year.

TYPE OF ENTITY: P/C Agency \_\_\_\_\_ Company \_\_\_\_\_

TYPE OF MEMBERSHIP: Regular \_\_\_\_\_ Associate \_\_\_\_\_

I have made payment in the amount of \$ \_\_\_\_\_. \*Please make payment online (<http://hudsonmuma.epaypolicy.com>) and include a copy of your receipt with your membership application. *The annual dues amount covers each fiscal year from September through August, and includes the price of lunch for 1 member. A portion of membership dues to this organization may be deductible as ordinary and necessary business expenses under the Internal Revenue Code. The membership dues are not deductible as charitable contributions.*

The membership dues are assessed on a per agency/company basis. Please list all individuals who may be participating in the local association activities.

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____



## **MEMBERSHIP APPLICATION** continued

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Continued from previous page:

This organization is closely affiliated with the Michigan Association of Insurance Agents (MAIA). Are you a member in good standing with the MAIA? Yes  No

Please list other insurance organizations to which you belong:

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In consideration of acceptance in the organization, I/we agree to be active members through timely payment of dues and participation in association meetings.

Signature  Date

**Please email application and receipt for payment to:**

**Independent Insurance Agents of Oakland County  
Lindsay Pavkovich, Hudson & Muma, Inc.,  
lpavkovich@hudsonmuma.com**