



Nevada Independent Insurance Agents

Associate Member Application

Company Name: _____

Telephone: _____ Fax: _____ Website: _____

Physical Address: _____ Mailing Address: (if different) _____

	Name	Email
Primary Contact		
Additional Contact		
Young Agent Contact		

**Above is how the listing will appear in the NIIA Membership Guide*

Billing Information: (if different)	Additional Branch Offices: (use back if needed)
Company Name: _____	Company Name: _____
Billing Address: _____	Physical Address: _____
_____	_____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Billing Contact: _____	Branch Contact: _____
Email: _____	Email: _____

**Above is how the listing will appear in the NIIA Membership Guide*

Fields You Work In: (check all that apply)

- Property/Casualty Company Life/Health Company Managing General Agent
- Premium Financing Company Insurance Education Provider Risk Management Firm
- Employee Benefits/PEO Agency Management System Service Expert Witness
- Other: _____

Primary Services & Specialties: _____

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If applicant is a General Agency, does applicant hold a current license in Nevada? _____

If applicant is a company employee, list name of employer, business' address and name of manager:

In making application for associate membership in the Nevada Independent Insurance Agents, I certify that I am either a licensed Nevada General Agent or an employee of a company doing business with Independent Agents in Nevada. I understand that I will not hold any office or position on the NIIA Board of Directors. I may sit and participate on association committees by invitation of the Chairman. I may only use designated membership logo as provided by the NIIA for the membership term as noted. I agree to pay dues as set by the NIIA Board of Directors in order to continue my membership. **I understand payment of dues apply for the term of July 1st (of current year) through June 30th (of following year).**

Associate Membership is open to entities, which deal with Independent Insurance Agents. The cost for membership is \$750.00 per year.

As an Associate Member you will be eligible for the following benefits:

- Attendance at NIIA meetings and functions at special Associate Member rates, with the exception of the NIIA Closed Agents Business Meetings
- Listing in the NIIA Partner Directory
- Listing in the annual convention and tradeshow programs by level of membership
- Membership rates for attendance and tradeshow booth
- Opportunity to become an Industry Partner with additional level sponsorship
- Opportunity to participate on NIIA Committees
- Opportunity to join and sponsor YAC
- One logon to access Virtual University and our website
- Updates on association news
- Additional sponsorship opportunities at membership rates
- And much more throughout the year!

I am interested in participating with the _____ Committee. Please have the committee chair contact me at _____.

Signature: _____ Date: _____

Return this application with your check to: NIIA, PO Box 530425, Henderson, NV 89053.
For credit card payments, please fax this agreement to (775) 295-5010 and use the link on www.niia.org.
For questions, contact membershipservices@niia.org or 775-499-5844.