



Nevada Independent Insurance Agents

NIIA Affinity Partner Agreement

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Telephone: _____

Contact Person: _____ Email: _____

Mobile Phone: _____ used for TEXT.

Primary Service & Specialties: _____

The following is what will appear in the NIIA Membership Guide:

Contact:	Name:	Email:
Primary:		
Additional:		
Young Agent:		

This Affinity Partner Agreement (“Agreement”) is made effective this ____ day of _____, 20__ between the Nevada Independent Insurance Agents and _____ (“Partner”).

In making application for Affinity Partner membership in the Nevada Independent Insurance Agents, I certify that for the purpose of this agreement: I am not either a licensed Agent, Agency, Nevada General Agent or an employee of a company doing business with the Independent Agents in Nevada. I understand I will not hold any office or position on the NIIA board or staff. I understand I may only use the NIIA Affinity Partner logo while membership is in good standing. I agree to protect the information of the NIIA members and will only use the information in the promotion of services and products of the company listed above.

I agree to pay \$500* annual dues set by NIIA Board of Directors in order to obtain and continue membership. I understand dues apply for the term of January through December.

Affinity Partner Membership is open to entities offering services to Independent Insurance Agents of Nevada and providing additional features/discounts to Agency Members of the NIIA.

As an Affinity Partner, you will be eligible for:

- Attendance at NIIA meetings and functions at a special Affinity Partner rate with the exception of the NIIA Closed Agents Business Meetings
- Access to NIIA Agency Membership Roster
- Listing in the NIIA Affinity Partner Directory
- Listing in the Annual Convention Program
- Special Affinity Partner rates in the association e-newsletter
- Member pricing for educational webinars and classes
- Opportunities to sponsor NIIA events and programs including educational opportunities

Signature: _____ Date: _____

Return this application with payment to:

NIIA
PO BOX 530425
Henderson, NV 89053

Or, go to www.niaa.org to pay by credit card.

*Dues are subject to change annually per the decision of the NIIA Board of Directors.



AFFINITY PARTNERS
Nevada Independent Insurance