



**Independent Insurance Agents
& Brokers of South Carolina**

Corporate Associate Application

Company Name: _____

Address: _____
Mailing Address *City* *State* *Zip Code*

Phone: _____ Fax: _____ website: _____

Main Contact: _____ E-Mail: _____

Additional individuals to receive communications:

#1 Name: _____

Address: _____
Mailing Address *City* *State* *Zip Code*

Phone: _____ Fax: _____ Email: _____

#2 Name: _____

Address: _____
Mailing Address *City* *State* *Zip Code*

Phone: _____ Fax: _____ Email: _____

#3 Name: _____

Address: _____
Mailing Address *City* *State* *Zip Code*

Phone: _____ Fax: _____ Email: _____

Yes, we want to support the Independent Insurance Agents & Brokers of South Carolina as a Corporate Associate. Annual dues for Corporate Associates may be pro-rated monthly based on the January 1 to December 31 dues year. (i.e. A membership application submitted in August should include dues for 5 months; a February application for 11 months.)

Corporate Associate Annual Dues (or pro-rated if applicable)..... \$ 500.00

Amount Enclosed/Submitted.....\$ _____

Printed Name *Signature* *Date*

Method of Payment: Check (*Payable to IIABSC*) MasterCard Visa

If paying by credit card, please complete the following information:

Card Expiration Date: _____ / _____ / _____

Card Number:

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****CVV code:** _____

Name of Cardholder: _____ Signature of Cardholder: _____

Billing Address of Cardholder: _____
Mailing Address *City* *State* *Zip Code*

Return with payment to: IIABSC, 800 Gracern Road- Columbia, SC, 29210

803-731-9460 www.iiabsc.com

****For clarification, go to www.iiabsc.com/secure**