Illinois Association of Mutual Insurance Companies

Associate Membership Application

Name of Org	anization:			
Address:				
City:	State	:	Zip Code:	
Phone:	Fax:		E-Mail:	
Managing Of	ficer and Title:			
Contact Perso	on:			
	embership is available t vice / Products provide		_	to the insurance
	companies using your s this application:	ervices / products v	within the last eighte	een (18) months prior
1.				
2.				
Recommende Membership	ed for membership by: • Dues:			
Any insuranc	e industry-related firm	, business or associ	ation	\$ 500.00
Association of Board of Dire perpetuating	the first-named above, of Mutual Insurance Co ectors of IAMIC, this f the concept of mutual i mbership, as set forth in	mpanies (IAMIC). irm agrees to suppo insurance and observe	If this application is ort the Association's rve the terms and co	s accepted by the objectives in
Signature:			Date:	
	(Name)	(Title)		_
		s application with P.O. Box 116, Ohl Fax 888-403-09	-	ee to:

Company Data Form

Name of Organization:		 	
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	 E-Mail:	
Website:			

Please list below the names of those individuals who should receive our mailings. Please include their home address only if they prefer to receive these materials at home. If the address is not included below, the information will be sent to the company address listed above.

Please be certain to include email addresses for all names listed below. Utilizing email instead of the U.S. Mail saves time and can help to decrease expenses for the association, thus helping us to keep your dues in line. Please note: Email addresses are used for official association business only and are never sold to third parties. Any email of a commercial nature (promotion of an education program, for example) from IAMIC will be identified as such in the subject line.

Name	Home Address	City	State	Zip	Email

Staff & Directors