

Illinois Association of Mutual Insurance Companies

Associate Membership Application

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Managing Officer and Title: _____

Contact Person: _____

Associate Membership is available to firms supplying services or products to the insurance industry. Service / Products provided by the above named firm include:

List two (2) companies using your services / products within the last eighteen (18) months prior to the date of this application:

1. _____
2. _____

Recommended for membership by: _____

Membership Dues:

Any insurance industry-related firm, business or association \$ 500.00

On behalf of the first-named above, I hereby apply for Associate Membership in the Illinois Association of Mutual Insurance Companies (IAMIC). If this application is accepted by the Board of Directors of IAMIC, this firm agrees to support the Association's objectives in perpetuating the concept of mutual insurance and observe the terms and conditions governing associate membership, as set forth in the Association's By Laws.

Signature: _____ Date: _____
(Name) (Title)

**Please return this application with the membership fee to:
IAMIC, P.O. Box 116, Ohlman, IL 62076
Fax 888-403-0935**

