



# Alliance Insurance Agents of Texas

P.O. Box 183, Conroe, TX, 77305-0183, 888-576-2428 Fax 936-494-1353

## Application for Agency & Associate Memberships

Company Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Additional Agent Name (Agency Membership): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

\_\_\_\_\_ I agree and accept all communications, newsletters, legislative alerts and faxes from AIAT.

\_\_\_ Do not publish my name and address on Web or printed directory.

How did you hear about AIAT? \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Locations: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

### **Dues \$225 AGENCY MEMBER – Agency Owners**

\_\_\_ Active Member - \$225 per membership year. Billing occurs on the anniversary of your join date. Indicate chapter below.

### **Dues \$450 ASSOCIATE MEMBER -- Vendors, Suppliers, Corporations**

\_\_\_ Associate Member - \$450 per membership year. Billing occurs on the anniversary of your join date.

Please select Chapter below.

#### **Indicate your chapter:**

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Austin      | <input type="checkbox"/> Houston     |  |
| <input type="checkbox"/> North Texas | <input type="checkbox"/> South Texas | <input type="checkbox"/> Member At Large |
| (Dallas/Fort Worth Area)             | (San Antonio Area)                   | (No Assigned Chapter)                    |

#### **Payment Information**

Amount enclosed: \_\_\_\_\_ Check \_\_\_\_\_

**Credit cards are not being accepted at this time as we are changing vendors.**

**We apologize for the inconvenience and we should be online soon.**

\_\_\_\_\_ I have read and will abide by the AIAT Code of Ethics. \_\_\_\_\_ I have a copy of the agency's E & O policy.

E & O policy expiration date: \_\_\_\_\_

Mail completed form with payment to:

**AIAT, Robbie Cranford, P.O. Box 183, Conroe, TX 77305-0183**

Visit AIAT on the web at [www.aiat.org](http://www.aiat.org)