



**Independent Insurance Agents
of Central Florida**

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Orlando, FL 32803

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APPLICATION FOR ASSOCIATE MEMBERSHIP

Open to any person or firm who has a bonafide interest or renders a service to the insurance industry, and who is supportive of the American Independent Insurance Agency System.

Annual Dues \$400.00

Business Name _____

Street Address _____

P.O. Box _____

City _____ Zip _____

Telephone _____ FAX _____

Email Contact _____

Please give a brief description of business operations _____

_____ How long in business _____

Please name representatives and Email addresses for Association mailings and contact.

Signed _____ Date _____