

Associate Membership Application

Thank you for your interest in becoming an Associate Member of Big I Kentucky.
 To be considered for membership, please complete and return this form to iaak@iaak.org.

Company Information

Company Name		
Street Address		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Industry/Type of Business		

Contact Information

State Representative Name	Title
Email	
Billing Contact	Title
Email	
Art/Graphics Contact	Title
Email	

Employees These representatives should receive communications from Big I Kentucky

Name	Title
Email	DOB
Name	Title
Email	DOB
Name	Title
Email	DOB
Name	Title
Email	DOB
Name	Title
Email	DOB

I, hereby apply to be an Associate Member of Big I Kentucky. I understand that the annual dues of \$400 entitles my organization to receive the rights and privileges approved by the Big I Kentucky Board of Directors. Additional locations require annual dues of \$200 to receive all benefits of an Associate Membership. I further understand that Associate Membership does not carry voting privileges, nor does it include any membership rights and/or privileges of the Independent Insurance Agents & Brokers of America and its "Big I" registered trademark.

Signature _____ Date _____

BIG I KENTUCKY OFFICE USE ONLY	
Application Approved <input type="radio"/> Yes <input type="radio"/> No	Date