

AFFILIATE MEMBERSHIP APPLICATION

Independent Insurance Agents of Iowa
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Company _____
Attn: _____
Address _____
City _____ State _____ ZIP _____
Telephone _____ Fax _____
Website _____ Email _____

Please include the following individuals on the mailing list.

Name _____
Email _____ Branch _____ Phone _____

Name _____
Email _____ Branch _____ Phone _____

Name _____
Email _____ Branch _____ Phone _____

Name _____
Email _____ Branch _____ Phone _____

Name _____
Email _____ Branch _____ Phone _____

Name _____
Email _____ Branch _____ Phone _____

Signature _____ Date _____

