



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_____ *Do not publish my name and address on Web or printed directory.*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. Renewals are based on Calendar year. Indicate chapter below.

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

___ Associate Member -\$450 per membership year. Renewals are based on Calendar year.

Indicate your chapter or chapters:

- ___ Austin ___ Houston
- ___ North Texas ___ Member At Large
- (Dallas/Fort Worth Area) (No Assigned Chapter)

Payment Information

Amount enclosed: _____ Check ___ CC ___ Debit

Credit Card: (AIAT uses PayPal & accepts Visa, Mastercard, Discover and Am Exp)

Indicate: 1) Pmt in Full ___; 2) Two Equal Consecutive Monthly Pmts ___; 3) Three Equal Consecutive Monthly Pmts ___

Card Number: _____ Exp Date: _____ Card Security Code: _____ (3or 4 digit # on back of card)

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Signature of Cardholder: _____

_____ 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