



*Independent Insurance Agents and Brokers
of Orange County*

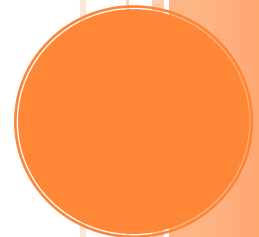
ASSOCIATE MEMBER BENEFITS

We invite you to take advantage of the significant benefits we provide.

IIABOC | 1442 E. Lincoln Avenue, PMB 442 | Orange CA 92865

Tel: (866) 921.6440 | Fax: (858) 408.2671

iiab04@yahoo.com | iiaboc.com



Associate Member Benefits

As an ASSOCIATE MEMBER of IIABOC

You Have the Opportunity to:

- Increase your visibility and networking
- Expand your customer base
- Deliver business essential products and services to a broader customer base

As an Associate Member, IIABOC will:

- Promote member services
- Through IIABOC website link – providing direct link from IIABOC to Associate Member websites
- Establish sponsorship table at all events – Marketing Sell Sheets – Business Cards
- Education Forums – Seminars; Golf Tournament; Social Networking
- Individual introductions to all attending members at all events
- Invite postings of industry articles through IIABOC LinkedIn
- Distribute Associate Members' newsletter to IIABOC membership





Independent Insurance Agents and Brokers
of Orange County

2017 Associate Membership Application (New/Renewal)

Company Name: _____

Address City/State/Zip: _____

Contact: _____ Title: _____

Phone: _____ / _____ Fax: _____ / _____

Email: _____

Co. Representatives/Officers & Titles

_____ Title: _____ Email: _____

_____ Title: _____ Email: _____

Do you have additional company reps? Please include on separate piece of paper.

Scope of Your Activities: _____

Activities and Sponsorships: (Please check those which would be of interest to you):

Quarterly Meetings: Networking: Golf Tournament: Holiday Social:

Golf Tournament | Wednesday, September 20, 2017 | Tustin Ranch Golf Club

Networking Social (Subject to Change) | Thursday, November 9, 2017 | Tustin Centre

2017 ASSOCIATE MEMBER INVOICE – Annual Dues \$300.00

Make checks payable to: IIAB of Orange County and mail to 1442 E. Lincoln Ave., PMB 441, Orange, CA 92865 or by

Credit Card: American Express Discover MasterCard Visa

Card Number: _____ Expiration: _____

Name on Card: _____ Security Code: _____

Billing Address: _____

City, State, Zip: _____

Signature: _____

Questions? Contact: Gail James Clarke • Tel: 866.921.6440 • Fax: 858.408.2671 • Email: iiab04@yahoo.com

THANK YOU FOR YOUR SUPPORT!