



Independent Insurance Agents & Brokers of America, Inc.
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Name: _____ Title/Occupation: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Suggested Contribution: \$

I am a Young Agent

One-Time Payment (Check or Credit Card)

- Input fields for one-time payment amounts: \$5,000 Millennium Club, \$2,500 Platinum Club, \$1,000 Centennial Club, \$500 Gold Club, \$250 Pioneer Club, \$150 Founders Club, \$100 Contributor, and \$_____(Other).

OR

Monthly Payments (credit card withdrawal on the 15th of each month)

- Start Month: ____/2020
End Month: ____/____
Monthly payment options: \$250 Month, \$50 Month, \$10 Month, \$100 Month, \$25 Month, \$____Month, No end date.

Personal Check (payable to "InsurPac")

Credit Card: American Express VISA Mastercard

Card Number: _____ CVV Code: _____ Exp. Date: ____/____/____

****All forms of payment must be by personal check, credit card or non-incorporated LLC or Partnership check.

Authorized Signature: _____ Date: ____/____/____

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