

Insurance Board of Northern Ohio

Membership Application/ Invoice

Fiscal Year: September 1, 2009-August 31, 2010

Regular (Agency) Member ___ OR Affiliate Member ___

(Confidential)

Please complete the following for membership in the **Insurance Board of Northern Ohio**
All information will be held in strict confidence.

Affiliate Member Category
(i.e. Company, Auto Glass, Broker, Restoration, Art Restoration, Legal, Contractor, Premium Financing, etc.)
[Indicate "specialty" if applicable]

Renewal _____
New _____

Article III, Membership. Section 1. Regular Membership: Any licensed insurance agent of good standing within the State of Ohio, representing any auto, fire, life, or multiple-line insurance company, who is not an employee of said insurance company, may upon the recommendation of two regular members, be eligible for voting membership. .

Section 2. Affiliate Membership: Any employee of any insurance company represented by any regular member agency, or any individual who renders a general product or service to the general insurance industry, shall be eligible for Affiliate non-voting membership.

Dues Structure

\$225.00 (Minimum) for the organization, including one individual.

\$225.00 for each subsequent individual up to, **\$1,350 Maximum for any organization.**

\$50 Annual Fee to include Affiliate Member Web Address on IBNO Web Site to link to Affiliate Web Site.

(4 dinners and 4 lunches are included at NO COST with each individual membership. Large organizations that pay the maximum dues option are entitled to 24 lunches and 24 dinners at NO COST throughout the year.)

AGENCY/ORGANIZATION _____

PRINCIPAL CONTACT _____

STREET _____

ADDRESS _____

MAILING (P. O. BOX) _____

CITY _____ ZIP +4 _____ PHONE _____ FAX _____

WEBSITE _____

Branch Offices (for Agencies only): _____

Affiliate employee(s), Licensed Individuals: Include principals, producers, & other licensed personnel: (Attach a separate sheet if necessary)

	Name	E-Mail Address	2008-2009 Annual Dues
1)			\$225
2)			\$450
3)			\$675
4)			\$900
5)			\$1125
6)			\$1350

Membership Fee \$ _____
\$50 Annual Web Site Link Fee (Affiliate Members ONLY) 50
TOTAL Fees \$ _____

~ MasterCard ~ VISA ~ Discover ~ American Express ~ Check
 Card Number _____ Expiration Date _____
 Name on Card _____
 Billing Address _____ City, State, Zip _____

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Agency Member authorization for IBNO to release name of agency to Company Affiliates for solicitation. []Yes []No
Other Association Memberships ___ IIAO ___ PIA _____ Other