



I.A.T.B.
Insurance Agents of Tampa Bay

Membership Application

APPLICANT INFORMATION

Applicant or Representing Agent: _____

Company or Agency Name: _____

Position/Title: _____

Mailing Address: _____
Street Address

City

State

Zip Code

Business Phone: _____ Fax #: _____

Cell Phone: _____ Alt #: _____

Email Address: _____

Website: _____

FOR AGENCY MEMBERSHIP ONLY

How many Agents are in your Agency? _____

Please list Agent's Name: _____

(or please attach a separate list)

FEES TO JOIN (PLEASE CHECK THE APPROPRIATE BOX)

Individual \$50

Agency \$250

Carrier/Vendor \$400

Make checks payable to **IA Tampa Bay** and mail along with your application to:

IA Tampa Bay
Post Office Box 130106
Tampa, FL 33681

Signature: _____ Date: _____

For IATB information or questions, please email us at: info@iatampabay.com