

# Associate Membership Application

**Associate Membership Dues: \$500 | Dues Cycle: January 1st through December 31st**

**Associate Membership includes the following benefits:**

- Subscription to quarterly magazine, Maryland Messenger, as well as other Big I Maryland communications
- Regular updates on key insurance issues during the legislative session
- Member rates for all events and CE seminars sponsored by Big I Maryland
- Member rates for advertising in the Maryland Messenger

## Membership Information

**Organization Name:**

Mailing Address:

Website:

Phone:

Business Description:

## Contact Information

Main Contact Name:  Title:

Email:  Phone:

Add'l Contact Name:  Title:

Email:  Phone:

**Key Contact Name:**  Title:

Email:  Phone:

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I, we, hereby apply for partnership in the Independent Insurance Agents of Maryland (dba Big I Maryland), and we agree to abide by the Bylaws and Constitution of this Association.

**Signature of Key Decision Maker**

**Date**

Please submit completed form to [membership@bigimd.com](mailto:membership@bigimd.com). An invoice along with payment instructions will be sent once form is received.