**ASSOCIATION OF WYOMING INSURANCE AGENTS**

**PO Box 799, Sundance, WY 82729**

**307 283-2052**

**Dues Calculation**

I(We) desire to apply for membership in the ASSOCIATION OF WYOMING INSURANCE AGENTS. I (We) agree to observe the By-laws and rules of the Association and to pay dues based on the number of persons working in my (our) agency twenty (20) hours or more a week at the time of the completion of this application.

I (We) have computed the proper dues assessment per the included guidelines and the enclosed check represents the correct amount of dues to be paid.

 **ANNUAL DUES CALCULATIONS**

 (Please refer to Rule#1 - COMPUTING YOUR ANNUAL DUES)

 Total number of employees at home office agency \_\_\_\_\_\_\_\_

 Total number of employees at branch agencies\_\_\_\_\_\_\_\_\_\_\_

 Total number of part-time persons in agency and branches\_\_\_\_\_\_\_\_\_

 (Twenty (20) hours or more per week)

 # Licensed [\_\_\_\_\_] x $160.00=$\_\_\_\_\_\_\_\_\_\_\_

 # Unlicensed [\_\_\_\_] x $75.00=$\_\_\_\_\_\_\_\_\_\_\_

 Total annual dues $\_\_\_\_\_\_\_\_\_\_

 **[Minimum $500 - Maximum $3,800]**

Please type or print information exactly as you wish shown on the AWIA membership records.

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the total number of persons working twenty (20) hours or more per week is reported correctly.

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Please type or print)

**PLEASE ATTACH OF LIST OF ALL EMPLOYEES AND IF YOU HAVE MORE THAN ONE LOCATION LET US KNOW WHERE THE EMPLOYEES WORK.**