



Association of Wyoming Insurance Agents

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July 1-June 30

ASSOCIATE MEMBER APPLICATION ANNUAL DUES \$400

COMPANY NAME _____

CONTACT PERSON _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

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AWIA sends e-mail to its members, please check the box if you would like to receive those e-mails []

Associate members are non-voting and cannot hold office

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