

ASSOCIATION OF WYOMING INSURANCE AGENTS
PO Box 1321, Cheyenne, WY 82003
307.201.4801

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