

NORTH CENTRAL INDEPENDENT AGENTS APPLICATION FOR MEMBERSHIP

Insurance Agency

Mailing Address

City

State

Zip

Name, Mailing Address of Person to Receive Correspondence

Fax # and e-mail Address

If Accepted for Membership, we agree to adhere to the Code of Ethics and Bylaws of the Local Association, to do our part in upholding the American Agency System and its concept of the Independent Agent and Agency ownership of expirations, and pledge ourselves always to support the right principles and oppose bad practices in the business.

Signed

Name of Agency

Position

Date

Please return check with application to: North Central Independent Agents
P. O. Box 8041
South Bend, IN 46660-8041

Please forward a check in the amount of \$100 payable to North Central Independent Agents
P. O. Box 8041, South Bend, IN 46660

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