

INDEPENDENT INSURANCE AGENTS OF SOUTH DAKOTA



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ASSOCIATE MEMBER APPLICATION

PLEASE COMPLETE ONE FORM FOR EACH AGENCY LOCATION

Individual _____
Partnership _____
Corporation _____

Name of Agency _____

Street Address _____ P.O. Box _____

City _____ County _____ Zip _____

Office Phone # _____ Cell Phone # _____ FAX # _____

CONTACT PERSON _____ e-mail address _____

ACTIVE LICENSED OWNERS/PRINCIPALS, TITLE AND EMAIL ADDRESS:

AGENCY STAFF, JOB TITLE AND EMAIL ADDRESS:

DUES \$300 ANNUALLY-PLEASE RETURN TO IIASD, 305 Island Dr, Ft Pierre, SD 57532