



Cape Cod Insurance Agents Association, Inc.

## ASSOCIATE MEMBERSHIP DUES

ASSOCIATE MEMBER:

Company Name: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Company Web address: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

ANNUAL DUES FOR PERIOD OF February 1<sup>st</sup>, Through January 31<sup>st</sup>

Company Representatives qualify as Associate Members.

**Dues are \$100.00 (per company)**

Please make your check payable to:

**Cape Cod Insurance Agents Association, Inc. (CCIAA)**

Mail to: CCIAA,  
C/O Helena Amorim  
The Insurance Agency of Cape Cod  
28 Route 6A  
Sandwich, MA 02563