



Cape Cod Insurance Agents Association, Inc.

New Membership DUES

ANNUAL DUES FOR PERIOD OF February 1st through January 31st

www.capeagents.com

FULL MEMBER

Agency Name: _____

Address: _____

| | | |
|--------------------------------|-----------|----------|
| Number of Personnel in Agency: | 5 or less | \$100.00 |
| | 6 to 10 | \$125.00 |
| | 11 to 20 | \$175.00 |
| | Over 20 | \$200.00 |

Number of Employees: _____ Amount Paid: _____

Telephone#: _____ Fax#: _____

Name & Email Address of all who prefer direct notification of events (use separate sheet if necessary) _____

Note: Dues are based on the number of full time Personnel, and Principals **are** considered Employees of the Agency. Include all branch offices in the count.

Please make 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