

**INDEPENDENT INSURANCE AGENTS ASSOCIATION
OF CONTRA COSTA COUNTY**

**ANNUAL LOCAL ASSOCIATE MEMBERSHIP
IIAACCC SEPTEMBER 1, 2008 - AUGUST 31, 2009
\$100.00**

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT INFORMATION:

CONTACT NAME: _____ Title: _____

EMAIL: _____

Please mail this completed form and your check to:

**INDEPENDENT INSURANCE AGENTS ASSOCIATION
OF CONTRA COSTA COUNTY**

Post Office Box 796
Clayton, CA 94517

Your contribution is much appreciated and will enable IIAACCC to continue to provide educational programs to its members in Contra Costa County.

THANK YOU!