

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

**ANNUAL LOCAL MEMBERSHIP  
IIAACCC SEPTEMBER 1, 2008 - AUGUST 31, 2009  
\$200.00**

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!**