



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 1st, Through January 31st

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 Gail Gothard / IPFS
223 Purchase Street
Swansea, MA 02777