



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 Gail Gothard / IPFS
223 Purchase Street
Swansea, MA 02777