



Over a Century of Service for
New York's Insuring Community

Insurance Brokers' Association of the State of New York

Membership Application

Company _____ Primary Contact Name _____

Address _____ City _____ State ____ Zip _____

Contact e-Mail Address _____ Contact Phone _____

Company Type: Wholesaler Retailer Carrier Other _____

	<u>Annual Dues</u>
<u>Retail Brokers*</u>	
Less than 25 Employees	\$1,000
25-100 Employees	\$1,950
101-500 Employees	\$3,900
More than 500 Employees	\$5,000
<u>Wholesale Brokers **</u>	
Less than 25 Employees	\$2,425
25-100 Employees	\$3,375
101-500 Employees	\$5,325
More than 500 Employees	\$6,425
<u>Associate Membership (Carriers and other companies)</u>	
Flat	\$1,150

* Dues for retail and wholesale brokers include tickets that can be used for the Spring Reception, Fall Reception, Holiday Breakfast, or New Year Breakfast. Please note: these tickets must be used within your membership year and do not carry over.

- Firms with less than 25 employees receive 2 tickets
- Firms with 25-100 employees receive 4 tickets
- Firms with 101-500 employees receive 6 tickets
- Firms with more than 500 employees receive 10 tickets

** Dues for wholesale brokers include event tickets as stated above, plus a sponsorship credit of \$1,425 to be applied toward IBANY events. Paid wholesalers can also place ads in the quarterly IBANY e-newsletter at no cost.

Payment by Credit Card or Check **TOTAL OWED:** _____

Pay by Credit Card

Visa MasterCard American Express

Card Number _____ Exp. Date _____ Security Code (required) _____

Print Cardholder Name _____ Signature _____

Forms with completed credit card information may be faxed to 518.935.9448 or emailed to info@ibany.org.

Pay by Check

Make checks payable to IBANY and mail form and payment to: IBANY Membership, 136 Everett Road Albany, NY 12205

NOTE: Dues may be deducted as a trade/business expense, not as a charitable contribution.