



MEMBERSHIP

APPLICATION

NAME

First Name

Last Name

POSITION TITLE WITH FIRM

DESIGNATIONS

RESIDENTIAL ADDRESS

Street Address

Zip Code

City

State

EMAIL

CELLULAR NUMBER

NAME OF SPOUSE

FIRM/COMPANY NAME

***PLEASE ATTACH COPY OF BUSINESS CARD**

I hereby apply for membership to the Independent Insurance Agents of Greater Tulsa, Inc. I understand membership is not appointed until granted approval by the board. By completing this form I agree to pay the current annual fee of \$180.00.

APPLICANT SIGNATURE

DATE

Forms may be emailed to vcourtney@ricketsfennell.com or turned in at the next monthly meeting.