



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