INDEPENDENT INSURANCE AGENTS of Greater Tulsa

MEMBERSHIP APPLICATION

NAME

First Name

Last Name

POSITION TITLE WITH FIRM

DESIGNATIONS

REDISDENTIAL 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 tperrault@rcins.com, mailed to 2738 E 51st St, STE 400 / Tulsa, OK 74105 or turned in at the next monthly meeting.