

# West Michigan Association of Insurance Agents

PO BOX 2271

GRAND RAPIDS, MI 49501

INVOICE

## Due annually on October 1

### AGENCY MEMBERSHIP

- \$100 1-5 Licensed Sales Agents
- \$200 6-12 Licensed Sales Agents
- \$300 13+ Licensed Sales Agents

### ASSOCIATE MEMBERSHIP (Insurance Company, Restoration, Body/Glass Shop, etc)

- \$125 Annually

Keep top portion for your records

Amount Paid: \$

Date:

### ① AGENCY INFO

COMPANY NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON

\_\_\_\_\_

PHONE

\_\_\_\_\_

### ② TYPE OF MEMBERSHIP & COST

AGENCY

\$ \_\_\_\_\_

-or-

ASSOCIATE

\$ \_\_\_\_\_

### ③ MAIL CHECK AND BOTTOM PORTION OF INVOICE TO

(Address below may line up with #10 window envelope)

WMAIA

PO BOX 2271

GRAND RAPIDS, MI 49501