



**INSURORS OF NASHVILLE**  
**P.O.Box 150103**  
**NASHVILLE, TN 37215**  
**(615) 758-9676 Phone**  
**754-0895 Fax**

## **APPLICATION FOR ASSOCIATE MEMBERSHIP**

**Name of Firm** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Business is Incorporated** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Proprietorship** \_\_\_\_\_

**Person to Be Contacted** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**The Purpose of this Association shall be:**

1. To do all things necessary for the good of independent agents and the cause of the American Agency System of Insurance to the end that such agents may better service the public and thereby endure and prosper;
2. To encourage a high standard of professional and ethical conduct and promote integrity and harmony in the insurance business;
3. To promote to the public the advantage of insurance provided and serviced by local independent agents;
4. To discuss questions and issues of interest and provide tangible benefits and programs that are responsive to agents' needs;
5. To work together to prevent government interference in our business;
6. To act aggressively to prevent coercion in connection with the sale of insurance;
7. To work toward cooperation between agents and their companies to provide an environment in which the public can freely purchase insurance in an informed and competitive manner.

I understand and support the purpose and goals of the organization as expressed and desire membership in this organization.

**Signed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Recommended By:** \_\_\_\_\_