

ISBAA 2010/2011 MEMBERSHIP RENEWAL FORM

Membership Type: Individual (Voting) (\$250.00)
(Please Check one) Associate (Non Voting) (\$50.00)

Supervising Agent (Voting) (\$400.00)
See Definition Below

Applicant Name(s): _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail : _____

I would like to attend the Three hour Continuing Education Class on May 11th, 2010, at 9:00 A.M.. YES NO

Paying by Check Mail checks to **ISBAA, INC. at 5153 N. Shadeland Ave., Indianapolis, IN 46226**

Paying by Credit Card

Card Type: Master Card Visa

Card Number: _____ Card Expiration: _____

Card Security Code on Back: _____ (Three or Four Digit Number)

Name As It Appears on Card: _____

Card Billing Address: _____
City State Zip

I, _____ authorize the Indiana Surety Bail Agents Association to charge the
Card Holder's Name
above credit card for the amount of _____ for the above purpose.

Signature of Card Holder

Date

FOR QUICKER PROCESSING, YOU MAY FAX FORMS TO (317) 254-1234 C/O SHELLEY

Definition of Supervising Agency - ISBAA By Laws Section III, Article 2

"Supervising Agency" shall be defined as an insurer or an employee, person, or agency that is an indemnifying agent or other entity that owns or controls a Build-Up-Fund, a record of which is on file with the Indiana Department of Insurance, and that supervises, manages and/or oversees one or more sub-agent(s) that report directly to that agent, agency, insured, employee or person.

ISBAA OFFICIAL USE ONLY

Date Received: _____ Check #: _____ Amount: \$ _____ Receipt: _____ Owes: _____