

Council of Insurance Brokers of Greater New York, Inc.

555 Fifth Avenue – 8th Floor, New York, NY 10017
Phone: 212-867-2540 ♦ Fax: 212-867-2544



Membership Application

Name: _____

Date of birth: _____

Company: _____ Owner: _____

Position: _____

Business address: _____

E-mail: _____

Phone number: _____ Fax number: _____

Residence address: _____

Phone number: _____ Broker's license number: _____

Please send all correspondence to: Home Business

If elected to membership, the undersigned agrees to abide by this Association's Constitution and Bylaws as now constituted or as amended.

Signature: _____

Date: _____

Sponsored by: _____

Dues year: _____

Schedule of annual dues: _____

APPLICATION SUBMITTED FOR:

Broker: \$225.00* (Prior to January 15) License No: _____

Broker: \$250.00 (After to January 15) License No: _____

Affiliate: \$200.00** (Non-Voting Member)

* Broker membership is limited to a person licensed as an insurance broker or agent in the state of New York.

** Affiliate membership is limited to a person or entity associated with the insurance industry other than as an insurance broker or agent.

Make checks payable to CIBGNY and mail to: Maria Sclafani, C/O The Beaumont Group, Inc., 555 Fifth Avenue Floor 8, New York, NY 10017

Credit Card: Visa MasterCard Discover Card

Card Number: _____ Exp. ___/___/___

Billing Address: _____

Signature: _____