



Council of Insurance Brokers of Greater New York, Inc.

989 Avenue of the Americas, 6th Floor, New York, NY 10018
Phone: 212-221-3500 Fax: 212-764-8693 www.cibgny.com

Membership Application

Name: _____ Company: _____

Owner: _____ Position: _____

Business address: _____ City _____ St _____ Zip _____

Broker's license number: _____ Date of Birth: _____

E-mail: _____

Phone: _____ Fax: _____

Home address: _____

City _____ St _____ Zip _____ Phone: _____

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 30) License No: _____

Broker \$250.00 (After to January 30) 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: Karen Beno, C/O The Alliance of Insurance & Financial Professionals, 989 Avenue of the Americas, 6th Fl, New York, NY 10018

Credit Card: American Express Visa MasterCard Discover Card

Card Number: _____ Exp. _____ / _____

Signature: _____ CVV _____ (Visa only, 3 digits on back of card)

For questions please contact Karen Beno at (212) 221-3500, ext. 308 or via email at kbeno@taifp.com