



*Minnesota Association of Farm
Mutual Insurance Companies*

601 Elm Street East
P.O. Box 880
St. Joseph, Minnesota 56374
Phone: (320) 271-0909
Fax: (320) 271-0912
www.mafmic.org

Affiliate Membership Application

- Affiliate members are mutual insurance companies other than township mutuals or statewide companies that package with township mutuals.
- Affiliate membership is not available to companies that qualify for *Regular* or *Associate* membership.
- Affiliate members are provided all advantages of membership with the exception of holding office and voting.
- Affiliate members currently pay membership dues of \$2,300 per year (2011 year).
- MAFMIC dues are not deductible as charitable contributions for income tax purposes. However, 88% of your dues may be deductible as a business expense.

Date of Incorporation (MM/YYYY) _____

Company _____

Mailing Address _____

City _____

State _____

Zip Code _____

Telephone _____

Fax _____

Company's Web Address _____

President/CEO _____

E-mail _____

MAFMIC Main Contact (if different from above) _____

E-mail _____

Board Chairman _____

E-mail _____

Reason for joining MAFMIC _____

What are your primary lines of business? (Check all that apply)

Personal Auto

Commercial Casualty

Fidelity & Surety

Homeowners

Commercial Auto

Credit/A&H Reinsurance

Non-Standard Auto

Workers' Compensation

Credit/A&H

Property

Excess and Surplus

Other (please list) _____

Other state and/or national insurance associations to which your organization belongs:

Return completed form to:

MAFMIC
601 Elm Street East
PO Box 880
Saint Joseph, MN 56374

We hereby apply for membership in the Minnesota Association Farmers Mutual Insurance Companies (MAFMIC)

Signature _____

Title _____

Date _____