



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
 E-mail : info@mafmic.org
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 (2023 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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Personal Auto | <input type="checkbox"/> Commercial Casualty | <input type="checkbox"/> Fidelity & Surety |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Commercial Auto | <input type="checkbox"/> Credit/A&H Reinsurance |
| <input type="checkbox"/> Non-Standard Auto | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Credit/A&H |
| <input type="checkbox"/> Property | <input type="checkbox"/> Excess and Surplus | <input type="checkbox"/> 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 _____