



2017-2018 IAABO Insurance Enrollment Form

IAABO Board Name: _____

IAABO Board Number: _____

Area (CO Only): _____

Secretary Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number Enrolled: _____ x \$7.00 = Total Premium: _____ Check # _____

Additional Board Members for Back Up or Requested Information

Name: _____

Email: _____

Title: _____

Name: _____

Email: _____

Title: _____

Make check payable to ***Borden Perlman Insurance Agency***
Please remit this form, payment and registered roster to:

Eileen Stanton
Borden Perlman Insurance Agency
250 Phillips Blvd, Suite 280
Ewing, NJ 08618