



**INDIANA EXTENSION
HOMEMAKERS ASSOCIATION®**
Insurance Election Form
8/1/2009-7/31/2010

County Association Name: _____

President:

Name _____

Address _____

Daytime Phone _____

E-mail Address _____

County Educator:

Name _____

Address _____

Daytime Phone _____

E-mail Address _____

Total # of members in county: _____

Times cost per member X \$1.13

Total cost (multiply # of members by \$1.13) \$ _____

*Total cost is for the 8/1/09- 7/31/10 year. Make check payable to **IEHA**

Insurance provided by Cincinnati Insurance Company

Send original and payment to:

Cricket Brown
4219 N. 100 W.
Peru, IN 46970

Send copy to:

Lytta G. Turner, CPCU, CPI
MBAH Insurance P.O. Box 5609
Lafayette, IN 47903
FAX (765) 742-7486
lturner@mbah.com

MUST BE POSTMARKED NO LATER THAN JUNE 15, 2009