

## Affinity Advantage Program

### Alumni and Association Group Form

Please fill out this form in its entirety and fax to: **336-435-0686** or email to **affinityadvantage@gmacinsurance.com**. An Affinity Advantage team member will contact you within two (2) business days to discuss your submission.

<b>NAME OF ASSOCIATION</b>	
<b>ADDRESS OF ASSOCIATION</b>	Street: City: State: ZIP: <span style="float: right;">Phone:</span>
<b>WEBSITE</b>	
<b>BRIEF ASSOCIATION DESCRIPTION</b>	
<b>WHEN WAS YOUR ASSOCIATION FOUNDED?</b>	
<b>NUMBER OF MEMBERS IN ASSOCIATION?</b>	
<b>ADDITIONAL INFORMATION</b>	
<b>ASSOCIATION CONTACT INFORMATION</b>	Name: Street: City: State: ZIP: <span style="float: right;">Phone:</span> Email:

**WOULD GMAC INSURANCE BE REPLACING ANOTHER CARRIER?  
IF SO, WHICH CARRIER?**

**CONTACT/ BROKER INFORMATION**

Contact/ Broker Name:

Company Name:

Street:

City:

State:

ZIP Code:

Telephone Number:

Fax Number:

E-mail Address:

Web Address:

How did you hear about our program?

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email to **affinityadvantage@gmacinsurance.com**.