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MEMBERSHIP APPLICATION

***Gloria Villa,*** **President**

Marsh McLennan Agency

(713) 869-8346

[Gloria.Villa@marshmma.com](mailto:Gloria.Villa@marshmma.com) ***Kendra Pope, Treasurer***

Doeren Mayhew

(713) 562-6900

[KPope@doeren.com](mailto:KPope@doeren.com)

***Brett Lomax, Vice President***

Markel Surety

(713) 683-1494 Brett.Lomax@Markel.com

***Ann Flores, Secretary***

IAT Surety

(281) 681-3900

Ann.Flores@IATsurety.com

Company Name: Address:

Phone No: Fax No:

Type of Organization:

Is your company a Home Office Branch office Independent Number of years in

business: Number of

Employees: Principals/Key Personnel of Organization:

Name Email Title

Referred By:

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