



MEMBERSHIP APPLICATION

25 Chamberlain St. • P.O. Box 997
Glenmont, NY 12077-0997
memberservices@pia.org • pia.org
P (800) 424-4244 • F (888) 225-6935

1. Fill in completely (please print)

Member no. _____

Firm name _____

Street address _____ P.O. Box _____

City _____ County _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Principal's name _____

2. Specify principal type of business

- A. P/C agent (with multiple company contracts)
- B. Broker
- C. Life agent (life business only)
- D. Excess & surplus lines broker
- E. Insurance company
- F. Other (specify type) _____

If you checked A or B, license no. _____

Note: P/C agents and brokers are classified as **active members**.
Other member types are classified as **associate members**. Associate members are state-only members, but are entitled to all membership benefits, excluding voting privileges.

3. Additional membership(s)

Name _____
License no. _____

4. Please provide additional information

- A. P/C agents or brokers—List all companies that have appointed you as an agent. (If more space is needed, please attach an additional sheet.)

- B. Number of principals _____
Number of producers _____
Number of total other employees _____
- C. To what other associations do you belong?

- D. E&O carrier _____ Exp. date _____
- E. Group carrier _____
- F. On what service would you like more information?

- G. Sponsor _____

5. Select proper dues amount (see No. 2 note)

Active membership (select category below)

Agent or broker	dues amount
<i>Premium volume</i>	
<input type="checkbox"/> 1,000,000 and under	\$605
<input type="checkbox"/> 1,000,001 to 2,000,000.....	\$795
<input type="checkbox"/> 2,000,001 to 3,000,000.....	\$975
<input type="checkbox"/> 3,000,001 to 4,000,000.....	\$1075
<input type="checkbox"/> 4,000,001 to 5,000,000.....	\$1155
<input type="checkbox"/> 5,000,001 to 7,500,000.....	\$1,220
<input type="checkbox"/> 7,500,001 to 10,000,000.....	\$1,550
<input type="checkbox"/> 10,000,001 and up	\$1,670
<input type="checkbox"/> Affiliated agency (Second agency with ownership similar but not identical to that of the main membership)	\$505
<input type="checkbox"/> Additional membership(s) (Second agency, fully owned by a main member)	\$165

Associate membership (select category below)

<input type="checkbox"/> Life agent (100 percent life, accident and health)	\$430
<input type="checkbox"/> E&S broker	\$615
<input type="checkbox"/> Insurance company.....	\$615
<input type="checkbox"/> Other	\$465
<input type="checkbox"/> Silver Strategic Partner*	\$2,000
<input type="checkbox"/> Gold Strategic Partner*	\$3,000
<input type="checkbox"/> Platinum Strategic Partner*	\$4,000
(*Call to learn how you can become a PIACT Strategic Partner.)	
Company individual or branch office (Main membership must be maintained)	\$190

6. Select payment method

Membership dues may be deducted as a business expense, but not as a charitable contribution.


- Pay in full**—Credit card
- Credit card auto renew**—Please bill this credit card annually. This membership billing method will continue on an annual basis. I will confirm my dues level prior to my renewal date so that the dues payment plan can be perpetual.

Other payment options

- Join online instantly:** pia.org/join *Now accepting PayPal, eCheck or credit card.
- Check enclosed**, payable to **Professional Insurance Agents**.
- Join on the phone:** (800) 424-4244, ext. 408
- Fax this entire form to:** (888) 225-6935
- Send entire form via secure email:** memberservices@pia.org
- Credit card installment plan*** (*See pg. 2 for terms)

Mail this entire form to: PO Box 997 • Glenmont, NY 12077-0997

*Application is subject to approval by the board of directors.



Account number _____

Expiration date _____ SVC _____

Cardholder name _____

Signature _____



MEMBERSHIP **INSTALLMENT** AGREEMENT

Indicate TOTAL DUES
from page 1: _____

MEMBERSHIP CREDIT CARD INSTALLMENT AGREEMENT

Remit this entire form (page 1 and 2) with your payment via mail, fax or secured email.

I am opting for my annual PIA membership dues to be paid in three credit card installments. I understand that the first installment will be charged upon receipt. The second installment will be charged on the first business day of the fourth month; the final installment will be charged on the first business day of the eighth month.

Installment auto renew—Continue installment plan for next year’s renewal using this credit card. This membership billing method will continue on an annual basis. I will confirm my dues level prior to my membership renewal date so that the dues payment plan can be perpetual.

DATE _____

SIGNATURE _____

Account number _____			
Expiration date _____		SVC _____	
Cardholder name _____			
Signature _____			

RETURN ENTIRE FORM (PAGE 1 AND 2) WITH CREDIT CARD INFORMATION TO:

Professional Insurance Agents
PO Box 997
Glenmont, NY 12077-0997
Fax: (888) 225-6935

Send via secure email to:
memberservices@pia.org

Questions? Call (800) 424-4244