



COMPANY PROGRAM MEMBERSHIP APPLICATION*

**PROFESSIONAL
INSURANCE
AGENTS**

25 CHAMBERLAIN ST.
P. O. BOX 997
GLENMONT, NY 12077-0997
(800) 424-4244
FAX: (888) 225-6935
WEB: www.pia.org
E-MAIL: pia@pia.org

Fill in completely (please print)

Firm name _____
Street address _____ P.O. Box _____
City _____ State _____
County _____ ZIP _____
Phone _____ Fax _____
E-mail _____
Contact name _____
Signature _____

Specify principal type of business

Insurance company Other (specify type) _____

Select your level of sponsorship

We have divided company membership into four levels of increasing savings and visibility—giving you a clear picture of your marketing dollars at work throughout the year. Call for details or logon to www.pia.org/NH/assoc/.

Supporting member \$750
Sponsoring member \$1750
Premier member \$2750
Branch office \$50

Select payment method

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

Check (please enclose)
 Credit card
 Visa MasterCard American Express Discover
Card no. _____ Expiration date _____ Security _____
Cardholder _____

Return this application by mail or fax. Or, give us a call at (800) 424-4244.

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