

# New York Associate Membership Application



**Associate members are state-only corporate members who are entitled to all state membership benefits, excluding voting privileges.**

Member no. \_\_\_\_\_

## Fill in completely (please print)

|                |          |  |
|----------------|----------|--|
| Firm name      | Email    | Principal  |
| Street address | P.O. Box |  |
| City           | County   | State ZIP  |
| Phone          | Fax      | *Additional employee email (Include an additional sheet if necessary.) |

## Specify principal type of business

- ☐ Insurance company
- ☐ Vendor
- ☐ Life agent *(life business only)*
- ☐ Company individual or branch office
- ☐ Other *(specify)* \_\_\_\_\_

## Business information

On what programs or service(s) would you like more info?

Other spoken languages \_\_\_\_\_

Number of customers served \_\_\_\_\_

Sponsor \_\_\_\_\_

## Annual dues—corporate memberships

(dues include all employees)

- ☐ Insurance company .....\$955
- ☐ Life/health/financial planner .....\$530
- ☐ Vendor/other .....\$580

## Additional memberships

- ☐ Individual or branch office .....\$285  
*(Corporate membership must be maintained)*

Name \_\_\_\_\_

License no. \_\_\_\_\_

**Payment method | Total \$** \_\_\_\_\_



- ☐ Check enclosed, payable to PIA
- ☐ Credit card—Pay in full
- ☐ Keep my card on file for auto-renewal enrollment

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

Account number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVC \_\_\_\_\_

Cardholder name \_\_\_\_\_

Signature \_\_\_\_\_