



# 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)

Active membership, agent or broker (choose category)

Number of employees**	Dues amount
<input type="checkbox"/> 1-5 employees.....	\$515
<input type="checkbox"/> 6-12 employees.....	\$720
<input type="checkbox"/> 13-18 employees.....	\$980
<input type="checkbox"/> 19+ employees.....	\$1,445
<small>**Employees include all agency staff at all locations, including owners, producers, CSRs and clerical staff. Part-time employees working less than 30 hours per week, should be counted as half an employee.</small>	
<input type="checkbox"/> True branch office/individual employee.....	\$150
<input type="checkbox"/> Affiliated agency <small>(cluster agencies, separate pay roll and tax id from PIAVT member agency)</small>	
<input type="checkbox"/> 1-5 employees .....	\$260
<input type="checkbox"/> 6-12 employees .....	\$360
<input type="checkbox"/> 13-18 employees .....	\$490
<input type="checkbox"/> 19+ employees .....	\$725

## 6. Select payment method

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

- Pay in full—Credit card
- New!  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 \_\_\_\_\_


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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