



Local Agents Serving Main Street America<sup>SM</sup>

# Professional Insurance Agents of Indiana Inc. Agency Membership Application

## Agency Information

This information will be used for your website listing.

Number of Licensed Agency Staff	Agency Membership Dues	Free Convention Registrations
1-2	\$475	1
3-4	\$580	1
5-6	\$685	2
7-8	\$790	2
9-10	\$895	3
11-12	\$1,000	3
13-14	\$1,260	3
15-25	\$1,575	4
26-35	\$2,100	4
36-50	\$2,365	4
50+	\$2,625	4

Agency Name: \_\_\_\_\_


Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

**Who referred you to PIA of Indiana?**

\_\_\_\_\_

**See reverse side to fill out your staff listing and payment information.**

### Additional Location Information:

**Have additional agency locations?**

Each additional location is \$50 and includes 1 additional PIA Code of Ethics, magazine subscription, and website listing for each location.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Staff Listing Information

Select a staff member to be the main contact for the agency (1 per agency).

Select who would like to subscribe to **Indiana Insurance News**, PIA of Indiana's magazine (up to 3 per agency).

Have young agents in your office? **YPIA Memberships are free!** YPIA Members receive communication and invitations to various young agent events throughout the year.

List additional names on separate paper or call the PIA of Indiana office 317.899.9200.

Main Contact	Subscriber	Young Agent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Birthdate: _____ Email: _____ License Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Birthdate: _____ Email: _____ License Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Birthdate: _____ Email: _____ License Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Birthdate: _____ Email: _____ License Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Birthdate: _____ Email: _____ License Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Birthdate: _____ Email: _____ License Number: _____

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### Payment Information

Agency Membership Dues: \$ \_\_\_\_\_

\_\_\_\_\_ x \$50/additional location = \$ \_\_\_\_\_ **Total Cost: \$ \_\_\_\_\_**

Check (make payable to PIA of Indiana)       Credit Card: Visa    MasterCard    American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Return to: 50 E. 91st Street, Suite 207, Indianapolis, IN 46240 or Bill@PIAIndiana.com

Online application available at [www.PIAIndiana.com/join-us](http://www.PIAIndiana.com/join-us)