



Local
Agents
Serving
Main Street
AmericaSM

Professional Insurance Agents of Indiana Inc. Associate/StarPartner Membership Application

Company Name: _____

Main Contact Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____ License Number: _____

Who referred you to PIA? _____

- | | |
|---|---|
| <input type="checkbox"/> 5 StarPartner: \$7,500 | <input type="checkbox"/> 4 StarPartner: \$5,000 |
| <input type="checkbox"/> 3 StarPartner: \$4,000 | <input type="checkbox"/> Associate: \$950 |

Additional Staff: (If more than three, list additional names on back of sheet or on separate paper)

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Total Cost: \$ _____

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

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

I would like more information on:

- Committees Convention Golf Outing Advertising Other: _____