



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? _____

5 StarPartner: \$7,500

4 StarPartner: \$5,000

3 StarPartner: \$4,000

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: _____

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

Online application available at www.PIAIndiana.com/join-us