



Professional Insurance Agents of Indiana Inc. Agency Membership Application

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 Information

This information will be used for your website listing.

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: _____

Agency Name: _____

Address: _____

City: _____

State: _____ Zip: _____

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

Name: _____ Birthdate: _____
Email: _____ License Number: _____

Name: _____ Birthdate: _____
Email: _____ License Number: _____

Name: _____ Birthdate: _____
Email: _____ License Number: _____

Name: _____ Birthdate: _____
Email: _____ License Number: _____

Name: _____ Birthdate: _____
Email: _____ License Number: _____

Name: _____ Birthdate: _____
Email: _____ License Number: _____

Name: _____ Birthdate: _____
Email: _____ License Number: _____

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 Caroline@PIAIndiana.com

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