



Professional Insurance Agents of Indiana Inc.

Young Professional Insurance Agents Membership Application

Agency or Company Name: _____
Contact Name: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
License Number: _____
Who referred you to YPIA? _____

PIA Member Agency
\$25 per agent

Non-Member Agency
\$75 per agent

YPIA Members must be licensed agents

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 Leadership Series Other: _____

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

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