

# 2010 Associate Membership Opportunity Form



## Professional Insurance Agents of Indiana Inc.

Company Name (as you would like it to appear in print) \_\_\_\_\_

Main Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Main Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Co. Phone \_\_\_\_\_ Main Co. Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

### Company contacts regarding:

Advertising: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Exhibiting: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsorships: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## ANNUAL INVESTMENT FOR YOUR FUTURE

### Associate Membership (Non-Agency, Industry-Related)

#### Base Associate Dues

**\$420**

Includes 10 hours of continuing education\* for main contact. Also includes member discounts on exhibiting and advertising at PIA's annual convention and PIA of Indiana and PIA National benefits.

#### Additional Staff

**\$110**

Includes 10 hours of continuing education\* and PIA of Indiana and PIA National benefits.

\*Available at the PIA of Indiana convention and selected PIA Reality CE programs. Does not include E&O loss prevention seminars, CIC or CISR designation programs or e-Training.

#### Additional Staff (More than three, list additional names on a separate sheet of paper)

Name & Designations	Job Title	E-mail address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Referred to PIA by \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

Do you have particular areas of interest with PIA?

Advertising    Convention    Golf Outing    Custom Design, Training and Education

Other \_\_\_\_\_

Make checks payable to PIA of Indiana. **NOTE: All forms must be accompanied by payment.**

Total Enclosed \$ \_\_\_\_\_ Pay by  Check    Visa    MasterCard    American Express    Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Credit Card Security Code\* \_\_\_\_\_

Name on Card (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

\* For your protection, please verify your credit card information by entering the 3 or 4-digit security code on your credit card.

**Electronic Funds Transfer:** I (we) hereby authorize **Professional Insurance Agents of Indiana Inc.**, hereinafter called **PIA of Indiana**, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called **Depository**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name on Checking Account \_\_\_\_\_ Routing Number \_\_\_\_\_ Checking Number \_\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

For information about the percentage of your dues that are deductible on federal taxes, please visit [www.indianapia.com](http://www.indianapia.com).

600 Cross Pointe Road • Gahanna, OH 43230 • toll-free (800) 555-9742 • fax (614) 552-0115 • [www.indianapia.com](http://www.indianapia.com)

INTERNAL USE ONLY. JOIN REASON: \_\_\_\_\_

WEB