

2010 Agency Membership Opportunity Form

Professional Insurance Agents of Indiana Inc.



Agency Name _____

Main Contact Name _____ Birth Date _____ E-mail _____

Address _____

City _____ State _____ Zip _____

We prefer to receive important industry news from PIA via: E-mail Fax Mail

Phone _____ Fax _____ E-mail _____ Web site _____

Additional Staff Names (If more than three, list additional names on a separate sheet of paper)

1. _____ Birth Date _____ E-mail _____

2. _____ Birth Date _____ E-mail _____

3. _____ Birth Date _____ E-mail _____

Agency Principal Signature _____ Date _____

Referred to PIA by _____ Agency/Co. _____ Phone _____

GOLD PACKAGE

Base Agency Dues \$620

Includes voting rights and all PIA of Indiana and PIA National benefits for licensed main contact. Also includes 10 hours of CE* and two full registrations to PIA of Indiana's Annual Convention.

SILVER PACKAGE

Base Agency Dues \$520

Includes voting rights and all PIA of Indiana and PIA National benefits for licensed main contact. Also includes 10 hours of CE* and one free full registration to PIA of Indiana's Annual Convention.

BRONZE PACKAGE

Base Agency Dues \$420

Includes voting rights and all PIA of Indiana and PIA National benefits for licensed main contact.

Additional Agency Staff for any package.....\$110

Includes 10 hours of CE.*

All other agency or associate staff may attend PIA education classes and PIA's Convention at the discounted member rate.

*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.

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.

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

INTERNAL USE ONLY. JOIN REASON: _____

WEB