

# PIA Southern Alliance Crest Partnership PROGRAM



Partnering with the PIA Southern Alliance gives your company access to many of our great benefits and exposure to thousands of our member agents throughout the South.

Our Partnership Program was designed to be a “One Check Covers All” program, offering five levels, with benefits that increase as you move up.

Crest Annual Membership Fee:

## \$2,000

(January - December)

## Program Benefits

### Annual Convention

- Sponsorship at Annual Meeting & Tradeshow
- One (1) attendee registration at Annual Meeting & Tradeshow
- Specialty display for PIA exhibit booth recognizing Partners
- One (1) quarter page, color advertisement in Convention Program

### Advertising & Marketing

- Three (3) ads per year in the PIA Newsline E-Newsletter
- Inclusion in the annual products & services insert
- Inclusion in the monthly Education E-Letter
- Reach over 2,000 Agencies & 12,000 Agents each month

### Education Expo

- One (1) complimentary registration

## Plus These Additional Benefits:

### Membership

- Membership for all partner staff
- Use of the PIA Learning Center up to 2 times/year

### Access

- Member Rates at Association conferences
- Receive all Association mailings & electronic communications
- Updates on key Legislative Issues
- PIA Membership List (upon request)
- Use of PIA logo



IS INTERESTED IN JOINING THE  
PIA CREST PARTNERSHIP PROGRAM

### GENERAL INFORMATION

Company Name \_\_\_\_\_

Website \_\_\_\_\_

Contact \_\_\_\_\_

Job Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Our company was invited to partner with PIA by: \_\_\_\_\_

### PAYMENT INFORMATION

CHECK in the amount of: \$ \_\_\_\_\_  
Make payable to PIA Southern Alliance

CHARGE: \$ \_\_\_\_\_  
% / Full amount (circle one)

AMEX     Discover     Mastercard     Visa

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV2#: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### MEMBER NAMES

Mr./Ms. \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Mr./Ms. \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Mr./Ms. \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Mr./Ms. \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

*Please attach list of additional members.*

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**\$2,000**

(January - December)

### PLEASE MAIL OR FAX COMPLETED FORM WITH PAYMENT TO:

3805 Crestwood Pkwy NW, Ste. 140  
Duluth, GA 30096  
Phone: 770.921.7585 | Toll-Free: 800.233.4902  
Fax: 770-921-7590