



MEMBERSHIP APPLICATION

Agency Eligibility

1. Agency must be licensed P&C Agency
2. Agency must have at least one licensed P&C agent.
3. Ownership of expirations must be vested in the agency.
4. The agency must represent at least one property/casualty carrier that operates on the independent agency system.

AGENCY INFORMATION

Agency Name _____

Street Address _____

P.O. Box _____

City _____ State _____ Zip Code _____

Phone Number _____

Fax _____

Website Address _____

Other Association Affiliations: _____

Top 3 P&C Companies: (1) _____ (2) _____ (3) _____
 (list in order)

What is the primary concern of your agency today?

E & O Carrier: _____ Expiration Date: _____

COMPLETE FOR MULTIPLE LOCATIONS

Location #2:

Location #3:

Agency Name _____

Agency Name _____

Street Address / P.O. Box _____

Street Address / P.O. Box _____

City, State, Zip _____

City, State, Zip _____

Phone / Fax _____

Phone / Fax _____

PRIMARY CONTACT & STAFF INFORMATION

The primary contact will receive all mailings from PIA Southern Alliance and PIA National. The primary contact will also have voting privileges at both the PIA Southern Alliance and PIA National.

Name, Designations	Email	Employment Status
		<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff
		<input type="checkbox"/> Licensed Owner/Producer <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Unlicensed Staff

Please attach a list of all other agency staff. All agency personnel are considered members of the PIA Southern Alliance when attending a function where there is a member/non-member fee.

MEMBERSHIP DUES CALCULATION

Licensed Staff	Annual Dues
1 - 3	\$450
4 - 7	\$525
8 - 11	\$725
12 - 15	\$1,000
16 - 20	\$1,250
21 - 25	\$1,500
26 - 29	\$1,750
30 - 45	\$2,000
46 - 49	\$2,250
50 - 74	\$3,000
75+	\$3,500

Total Agency Size: _____

Total Amount Enclosed: _____

___ AMEX ___ VISA ___ MASTERCARD ___ DISCOVER

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV2#: _____

Billing Address (___ same as office address): _____

I certify that the information on this application is true and correct and I allow PIA to communicate with the agency or individuals listed here via U.S. mail, phone, fax, or electronic mail.

Signed: _____

Date: _____

PLEASE MAIL OR FAX COMPLETED FORM TO:

3805 Crestwood Pkwy NW, Ste. 140; Duluth, GA 30096

Phone: 770.921.7585 | Toll-Free: 800.233.4902 | Fax: 770-921-7590

www.piasouth.com