



PROFESSIONAL INSURANCE AGENTS
SOUTHERN ALLIANCE
Serving Agents in Georgia, Alabama and Mississippi

*Your
 Independent
 But Never Alone.*



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.

ANNUAL MEMBERSHIP FEE:

\$2,000

(JANUARY - DECEMBER)

PROGRAM BENEFITS

CONFERENCES

Sponsorship at All Conferences
 One (1) Attendee Registration for Each Conference
 Specialty Display for PIA Partners
 One (1) Quarter Page, Color Advertisement in Conference Program

ADVERTISING & MARKETING

Reach Over 2,000 Agencies & 12,000 Agents Each Month
 Exclusive Home Page Link on PIA Website & Partner Page
 Two (2) Mailings Per Year Urging Members to Use Partners Programs & Services
 Promotional Piece (Supplied by Partner) Included in Agency New Member Welcome Kits

SOCIAL MEDIA

Partner Post on PIA Social Media Accounts
 Likes & Links from PIA Social Media Accounts

PLUS THESE ADDITIONAL BENEFITS

MEMBERSHIP ADVANTAGES

Membership for all partner staff
 Member Rates at Association Conferences

TOTAL ACCESS

Use of the PIA Learning Center up to 2 Times per Year
 Receive All Association Mailings & Electronic Communications

BEYOND THE ALLIANCE

Key Legislative Updates
 PIA Membership List (Upon Request)
 Use of PIA Logo



YES!

IS INTERESTED IN JOINING THE PIA SOUTH
CREST PARTNERSHIP PROGRAM

GENERAL INFORMATION

Company Name _____

Website _____

Contact Mr./Ms. _____

Job Title _____

Phone _____ Fax _____

E-mail _____

Mailing Address _____

City/State/Zip _____

Shipping Address _____

City/State/Zip _____

Our Company was invited to partner with PIA by:

| | |
|-------------------------------|---|
| CREST DUES SCHEDULE | \$2,000 ANNUALLY (JANUARY - DECEMBER) |
|-------------------------------|---|

PAYMENT INFORMATION *Credit card orders may be faxed to: 770-921-7590*

Check (payable to PIA Southern Alliance) for \$ _____

Charge \$ _____ % / Full amount (Circle One)

American Express Discover MasterCard VISA

Card # _____

Exp. Date _____ Billing Zip _____ Security Code _____

Cardholder's Name _____

Cardholder's Signature _____

MEMBER NAMES

Mr./Ms. _____

Email _____

Job Title _____

GA License # _____

Mr./Ms. _____

Email _____

Job Title _____

GA License # _____

Mr./Ms. _____

Email _____

Job Title _____

GA License # _____

Mr./Ms. _____

Email _____

Job Title _____

GA License # _____

Mr./Ms. _____

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Job Title _____

GA License # _____

Mr./Ms. _____

Email _____

Job Title _____

GA License # _____

Mr./Ms. _____

Email _____

Job Title _____

GA License # _____

PLEASE MAIL OR FAX COMPLETED FORM WITH PAYMENT TO:

PIA SOUTH + 3805 CRESTWOOD PKWY. NW, STE. 140 + DULUTH, GA 30096
PH 770.921.7585 + PH 800.233.4902 + FX 770.921.7590 + WWW.PIASOUTH.COM

PLEASE ATTACH LIST OF ADDITIONAL MEMBERS