



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

*Your
 Independent
 But Never Alone.*



SUMMIT

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:

\$4,000

(JANUARY - DECEMBER)

PROGRAM BENEFITS

CONFERENCES

- Sponsorship at All Conferences
- Three (3) Attendee Registrations at Each Conference
- Exhibit at All Conferences
- Specialty Display for PIA Partners
- One (1) Half 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 4 Times per Year
- Receive All Association Mailings & Electronic Communications

BEYOND THE ALLIANCE

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



IS INTERESTED IN JOINING THE PIA SOUTH SUMMIT 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:

SUMMIT DUES SCHEDULE \$4,000 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.
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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