



Local
Agents
Serving
Main Street
AmericaSM

Professional Insurance Agents of Indiana Inc. Associate/StarPartner Membership Application

Company Name: _____

Main Contact Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____ License Number: _____

Who referred you to PIA? _____

☐ 5 StarPartner: \$7000

☐ 4 StarPartner: \$4500

☐ 3 StarPartner: \$3500

☐ Associate: \$750

Additional Staff: (If more than three, list additional names on back of sheet or on separate paper)

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Name: _____ Birthdate: _____

Email: _____ License Number: _____

Total Cost: \$ _____

☐ Check (make payable to PIA of Indiana)

☐ Credit Card: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

I would like more information on:

☐ Committees

☐ Convention

☐ Golf Outing

☐ Advertising

☐ Other: _____

Return to: 50 E. 91st Street, Suite 207, Indianapolis, IN 46240 or Libby@PIAIndiana.com

Online application available at www.PIAIndiana.com/join-us