Professional Insurance Agents of Indiana Inc.
Agency Membership Application

Number of Licensed Agency Staff	Agency Membership Dues	Free Convention Registrations
1-2	$450	1
3-4	$550	1
5-6	$650	2
7-8	$750	2
9-10	$850	3
11-12	$950	3
13-14	$1,200	3
15-25	$1,500	4
26-35	$2,000	4
36-50	$2,250	4
50+	$2,500	4

Who referred you to PIA of Indiana?

_____

Agency Information

This information will be used for your website listing.

Agency Name:

_____

Address:

_____

City: _____

State: _____ **Zip:** _____ **Phone:** _____

Email: _____

Website: _____

 _____

 _____

 _____

 _____

See reverse side to fill out your staff listing and payment information.

Additional Location Information:

Have additional agency locations?

Each additional location is $50 and includes 1 additional PIA Code of Ethics, magazine subscription, and website listing for each location.

Agency Name:

_____

Address:

_____

City:

_____

State: _____ Zip: _____

Phone: _____

Agency Name:

_____

Address:

_____

City:

_____

State: _____ Zip: _____

Phone: _____

Staff Listing Information

Select a staff member to be the main contact for the agency (1 per agency).

Select who would like to subscribe to *Indiana Insurance News*, PIA of Indiana's magazine (up to 3 per agency).

Have young agents in your office? **YPIA Memberships are free!** YPIA Members receive communication and invitations to various young agent events throughout the year.

List additional names on separate paper or call the PIA of Indiana office 317.899.9200.

Main Contact	Subscriber	Young Agent		
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____
☐	☐	☐	Name: _____	Birthdate: _____
			Email: _____	License Number: _____

Payment Information

Agency Membership Dues: $_____

_____ x $50/additional location = $_____   **Total Cost: $_____**

☐ Check (make payable to PIA of Indiana)   ☐ Credit Card: Visa   MasterCard   American Express

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

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

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