



**PROFESSIONAL
INSURANCE
AGENTS
OF LOUISIANA**

Associate Membership Application

Associate membership in PIA shall be available to a company, brokerage or other vendor that is directly or indirectly associated with the insurance industry. This membership shall not be available to those who qualify for full voting agency membership. Additionally, this membership does not include membership in PIA National.

COMPANY NAME _____

PRIMARY CONTACT _____

PHYSICAL ADDRESS _____ C/S/Z _____

MAILING ADDRESS _____ C/S/Z _____

LOCAL PHONE # _____ WATTS _____ FAX # _____

E-MAIL (PRIMARY CONTACT) _____ WEBSITE _____

SPONSOR'S NAME WHO INTRODUCED YOU TO PIA Coleen Brooks

ADDITIONAL LOCATIONS: Subject to membership dues of \$50 each (dues to be added in item D under Dues Rate Schedule).

Please attach a second page if needed.

AGENCY NAME	PRIMARY CONTACT	ADDRESS/CITY/STATE/ZIP	PHONE #	FAX #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DUES RATE SCHEDULE

A. ONE TIME INITIATION FEE:	\$100.00	—————>	\$ <u>100.00</u>
C. STATE DUES:	\$350.00	—————>	<u>350.00</u>
D. ADDITIONAL LOCATION DUES*: Number of Additional Locations _____ X \$50.00		----->	\$ _____

E. LOCAL DUES†:

- Acadiana (Includes luncheons) \$ 50.00
- Baton Rouge \$ 25.00
- New Orleans (Includes luncheons) \$165.00
- Northeast \$ 30.00
- Northshore \$ 25.00
- Northwest \$ 25.00
- Southwest \$ 30.00
- There is no chapter in my area (Call PIA if you are unsure.) \$ 0.00

Choose One

F. LPPIA-PAC: (Voluntary Contribution)	\$ 50.00	----->	\$ _____
G. EDUCATION SCHOLARSHIP FUND: (Voluntary Contribution)	\$ 5.00	----->	\$ _____

TOTAL AMOUNT DUE: _____> \$ _____

*Any/all additional/branch locations and employees will be considered separate memberships and are subject to the additional membership dues.

†As stipulated by Article II, Section 8 of the PIA of Louisiana bylaws, dues shall include those required for corresponding membership in the State, and Local Associations, where such local associations exist.

PAYMENT: Check Visa MasterCard Card # _____ Exp Date _____

Print Cardholder's Name _____ Cardholder's Signature _____

PLEASE RETURN YOUR APPLICATION WITH PAYMENT TO:

**PIA OF LOUISIANA
8064 SUMMA AVENUE, SUITE C
BATON ROUGE, LA 70809**

FOR OFFICE USE ONLY

