

# 2010 Agency Membership Opportunity Form

Professional Insurance Agents Association of Ohio, Inc.



Agency Principal/Main Contact \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

We prefer to receive important industry news from PIA via:  E-mail  Fax  Mail

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Web site \_\_\_\_\_

## Producer Names (More than five producers, list additional names on a separate sheet of paper)

1. \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_  
2. \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_  
3. \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_  
4. \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_  
5. \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_

Agency Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Referred to PIA by \_\_\_\_\_ Agency/Co. \_\_\_\_\_ Phone \_\_\_\_\_

The following membership dues are designed to produce a minimum payment for smaller agencies and proportionally higher dues for larger agencies. Acceptance of your application affords you membership in both PIA of Ohio and PIA National. Please remit dues according to the number of licensed, producing agents in your agency. A PRODUCER is considered to be a full-time employee whose main purpose is to produce new business.

## Active Agency Membership

- |               |       |               |         |                  |         |
|---------------|-------|---------------|---------|------------------|---------|
| • 1 Producer  | \$511 | • 5 Producers | \$961   | • 9 Producers    | \$1,201 |
| • 2 Producers | \$665 | • 6 Producers | \$1,021 | • 10 Producers   | \$1,261 |
| • 3 Producers | \$786 | • 7 Producers | \$1,082 | • 11 Producers   | \$1,321 |
| • 4 Producers | \$900 | • 8 Producers | \$1,141 | • 12 Producers + | \$1,380 |

## Special Membership (Non-Agency, Industry Related)

- Retired \$83
- Consumer \$45

Carriers and other industry partners: please see associate membership opportunity form

Make checks payable to PIA of Ohio. **NOTE: All forms must be accompanied by payment.**

Total Enclosed \$ \_\_\_\_\_ Pay by  Check  Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Credit Card Security Code\* \_\_\_\_\_

Name on Card (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

\* For your protection, please verify your credit card information by entering the 3 or 4-digit security code on your credit card.

**Electronic Funds Transfer:** I (we) hereby authorize **Professional Insurance Agents Association of Ohio, Inc.**, hereinafter called **PIA of Ohio**, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called **Depository**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name on Checking Account \_\_\_\_\_ Routing Number \_\_\_\_\_ Checking Number \_\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

For information about the percentage of your dues that are deductible on federal taxes, please visit [www.ohiopia.com](http://www.ohiopia.com).