

2012 Associate Membership Opportunity Form

Professional Insurance Agents Association of Ohio, Inc.



Company Name (as you would like it to appear in print) _____

Main Contact Name _____ Title _____

Main Co. Address _____ City _____ State _____ Zip _____

Main Co. Phone _____ Main Co. Fax _____

E-mail _____ Web site _____

Company contacts regarding:

Advertising: _____ E-mail: _____ Phone: _____

Exhibiting: _____ E-mail: _____ Phone: _____

Sponsorships: _____ E-mail: _____ Phone: _____

ANNUAL INVESTMENT FOR YOUR FUTURE

Associate Membership (Non-Agency, Industry-Related)

Company \$560 Individual \$263

Additional Company Membership (More than three, list additional names on a separate sheet of paper)

Name & Designations

Job Title

E-mail address

1. _____

2. _____

3. _____

Referred to PIA by _____ Agency _____ Phone _____

Do you recommend other industry professionals (agents, carriers, industry partners) who you feel would benefit from PIA membership?

Do you have particular areas of interest with PIA?

Advertising Agency Management and Profitability Conference In-House Seminars , Training and Education

Other _____

Make checks payable to PIA of Ohio.

Total Enclosed \$ _____ Pay by Check Credit Card*

*For your protection, call PIA at (800) 555-1742 to submit your credit card information over the phone.

For information about the percentage of your dues that are deductible on federal taxes, please visit www.ohiopia.com.

600 Cross Pointe Road • Gahanna, OH 43230 • (614) 552-8000 • fax (614) 552-0115 • toll-free (800) 555-1742 • www.ohiopia.com

INTERNAL USE ONLY. JOIN REASON: _____

WEB