



PIA VA/DC COMPANY MEMBERSHIP APPLICATION

Company Member - Employee of Insurance Company affiliated with P&C and/or L&H business.

PRIMARY CONTACT INFORMATION

Mr. Mrs. Ms. Full Name: _____

Informal Name: _____ DOB: _____ Designations: _____

Agency Name: _____

Street Address: _____

City / State / Zip: _____

Phone:(____) _____ Fax:(____) _____ Email: _____

Insurance License # (if applicable): _____ State: _____ NPN: _____

ADDITIONAL COMPANY INDIVIDUALS

Mr. Mrs. Ms. Full Name: _____

Informal Name: _____ DOB: _____ Designations: _____

Street Address: Same as Primary _____

City / State / Zip: _____

Phone:(____) _____ Fax:(____) _____ Email: _____

Insurance License # (if applicable) : _____ State: _____ NPN: _____

Mr. Mrs. Ms. Full Name: _____

Informal Name: _____ DOB: _____ Designations: _____

Street Address: Same as Primary _____

City / State / Zip: _____

Phone:(____) _____ Fax:(____) _____ Email: _____

Insurance License # (if applicable): _____ State: _____ NPN: _____

Mr. Mrs. Ms. Full Name: _____

Informal Name: _____ DOB: _____ Designations: _____

Street Address: Same as Primary _____

City / State / Zip: _____

Phone:(____) _____ Fax:(____) _____ Email: _____

Insurance License # (if applicable): _____ State: _____ NPN: _____

Mr. Mrs. Ms. Full Name: _____

Informal Name: _____ DOB: _____ Designations: _____

Street Address: Same as Primary _____

City / State / Zip: _____

Phone:(____) _____ Fax:(____) _____ Email: _____

Insurance License # (if applicable): _____ State: _____ NPN: _____

◆ PHOTOCOPY FOR ADDITIONAL COMPANY INDIVIDUALS OR ATTACH SPREADSHEET WITH SAME DATA ◆

SEE REVERSE SIDE FOR DUES \$ AMOUNTS AND PAYMENT INFORMATION

Company Member - Employee of Insurance Company affiliated with P&C and/or L&H business.

Total Annual Dues: \$275 per Company

PAYMENT INFORMATION

Check Enclosed Invoice Me Credit Card

Credit Card #: _____ Ex Date: _____ Security Code: _____

Name on Card: _____

Full Billing Address with City/State/Zip: _____

I certify that the information on this application is true and correct and I allow PIA to communicate with the agency or individuals listed here (and on attached if applicable) via US mail, fax or email.

Signed: _____ Dated: _____

Return to: PIA VA/DC, 8751 Park Central Drive, Suite 140, Richmond, VA 23227 Email: carol@piavadc.com

Fax: (804) 266-1075 Tel. (804) 264-2582 Referred By: _____