



PIA VA/DC MEMBERSHIP APPLICATION

FIRST MEMBER DETAILS

Mr. Mrs. Ms. Full Name: _____
 Informal Name: _____ DOB: _____ Designations: _____
 Agency / Company Name: _____
 Street Address: _____
 City / State / Zip: _____
 Phone:(____) _____ Fax:(____) _____ Email: _____
 Insurance License #: _____ State: _____ NPN: _____

ADDITIONAL MEMBER DETAILS

Mr. Mrs. Ms. Full Name: _____
 Informal Name: _____ DOB: _____ Designations: _____
 Agency / Company Name: _____
 Street Address: _____
 City / State / Zip: _____
 Phone:(____) _____ Fax:(____) _____ Email: _____
 Insurance License #: _____ State: _____ NPN: _____

MEMBERSHIP TYPES

- First Member at Agency (Agency Principal) - \$440
- Auxiliary Member (Company Representative) - \$140
- Retired Member - \$35
- Additional Member at Same Agency - \$105
- Associate Member (Neither Agent or Co Rep) - \$175

MEMBERSHIP DESCRIPTION - PIA VA/DC membership is by individual and does NOT automatically include all in agency

- **First Agency Member** - Member serves as Main Contact between PIA and Agency.
- **Additional Member at Same Agency** - Employee at same agency as First Agency Member.
Additional Member may work at a different geographic location but same parent agency.
- **Auxiliary Member** - Employee of Insurance Company affiliated with P&C and/or L&H business.
- **Associate Member** - Individual affiliated with insurance business but neither agent nor insurance company representative.
Example: Premium Finance Company Employee, Broker, Service Provider, etc.
- **Retired Member** – An individual no longer in the insurance business but was an active PIA member at one time.

OTHER INFORMATION

Agency/Company Website: _____ Year Agency Started: _____
 Current E&O Carrier: _____ Ex Date: _____

PAYMENT INFORMATION

Check Enclosed Invoice Me Credit Card
 Credit Card #: _____ Ex Date: _____ Security Code: _____
 Name on Card: _____
 Full Billing Address with City/State/Zip: _____