



PIA VA/DC AGENCY MEMBERSHIP APPLICATION

PRIMARY CONTACT INFORMATION

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

ADDITIONAL LICENSED AGENTS

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

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

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

◆ PHOTOCOPY FOR ADDITIONAL LICENSED AGENTS OR ATTACH SPREADSHEET WITH SAME DATA ◆

OTHER INFORMATION

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

Calculate Membership Amount Due

Total # Licensed Agents	Annual Dues \$	Total # Licensed Agents	Annual Dues \$
1	\$450	13 to 15	\$1,010
2	\$520	16 to 18	\$1,080
3	\$590	19 to 21	\$1,150
4	\$660	22 to 24	\$1,220
5	\$730	25 to 27	\$1,290
6	\$800	28 to 30	\$1,360
7 to 9	\$870	31 +	\$1,550
10 to 12	\$940		

Total # Licensed Agents: _____ **Total Annual Dues \$:** _____

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:** _____