



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

Email form to carol@piavadc.com or fax to (804) 266-1075.

An invoice will be emailed to you that will include a link to securely pay online by credit/debit card or eCheck. You also have the option to mail a check.



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, 1059 Technology Park Drive, Glen Allen, VA 23059

Email: carol@piavadc.com

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

11/1/2020