



# 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: \_\_\_\_\_

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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](mailto: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](mailto:carol@piavadc.com)

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

11/1/2020