



The Professional Insurance Agents of VA & DC ~ 8751 Park Central Dr., Suite 140 ~ Richmond, VA 23227
Phone (804)264-2582 Fax (804)266-1075 www.piavadc.com Email: carol@piavadc.com

MEMBERSHIP APPLICATION

Membership Types:

- First Agency Member – Member serves as Main Contact between PIA & agency.
- Additional Member at same Agency – Employee at same agency as First Member above. Additional Member may work at a different geographic location, but same parent agency.
- Auxiliary Member – Employees of insurance companies affiliated with P/C &/or L/H business.
- Associate Member – Individuals affiliated w/ insurance business but are neither agent nor insurance company representative. Ex: Premium Finance Co. employee, Broker, Service Provider, etc.

***Please note PIA membership is by individual.**

Select Membership Type:

- First member at agency (Agency Principal) \$395
- Additional member at same agency \$85
- Auxiliary Member (Company Rep) \$120
- Associate Mbr (Neither Agent or Co. Rep) \$155
- **FREE** Young Professional – **Special Promotion!**
(must meet promotion requirements)

Delegate Information:

Full Name <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms	Badge/Informal Name
Designations (CIC,CISR, etc.)	DOB (M/DD/YR)
Agency/Company	
Address	
City/State/Zip	
Phone	Fax
Email	
VA/DC Insurance License # <i>(for VA/DC Credits, if applicable)</i>	

Delegate #2 Information:

Full Name <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms	Badge/Informal Name
Designations (CIC,CISR, etc.)	DOB (M/DD/YR)
Agency/Company	
Address	
City/State/Zip	
Phone	Fax
Email	
VA/DC Insurance License # <i>(for VA/DC Credits, if applicable)</i>	

Additional Agency Location: *(use additional sheet if necessary)*

Agency/Company	
Address	
City/State/Zip	
Phone	Fax
Main Contact at this Location	
Main Contact's Email	

E&O Carrier: _____

Exp. Date: _____

Agency/Co. Website: _____

Year Agency Opened: _____

License Type(s):

- Property/Casualty
- Life/Health

Business Lines:

- Commercial Lines
- Personal Lines
- Workers Comp
- Other Specialties: _____

Payment Check Visa/MC* Amex*

Card #	
Expires	Name on Card
Card Billing Address	
City, State, Zip	

*A \$9.75 convenience fee applies on all credit card charges.

Return completed form & payment to:

PIA VA/DC
8751 Park Central Dr., Suite 140
Richmond, VA 23227
Fax (804) 266-1075
www.piavadc.com
Email: carol@piavadc.com

Referred By: _____