



PIA VA/DC ASSOCIATE MEMBERSHIP APPLICATION

Associate Member - Individual affiliated with insurance business but neither agent nor insurance company representative.

Example: Premium Finance Company Employee, Broker, Service Provider, etc.

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

Associate Member - Individual affiliated with insurance business but neither agent nor insurance company representative. Example: Premium Finance Company Employee, Broker, Service Provider, etc.

Total Annual Dues: \$200 per Company

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: _____

2018