

# ASSOCIATE MEMBERSHIP APPLICATION

Receive **MAIA** Associate Membership Benefits for just **\$400.00 per year**.

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

## **PAYMENT OPTIONS:**

Mail to MAIA or fax to (508) 634-2936.



1. I'm enclosing a check for \$\_\_\_\_\_ made payable to MAIA, 91 Cedar Street, Milford, MA 01757.

2. I'm paying by credit card.

Please circle one:    MC    VISA    AMEX

Name: \_\_\_\_\_

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

CC Billing Address: \_\_\_\_\_

CSV#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your support!

## **MASSACHUSETTS ASSOCIATION OF INSURANCE AGENTS**

**91 Cedar Street, Milford, MA 01757**

Telephone: (508) 634-2900

1-800-972-9312

Facsimile: (508) 634-2936

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