

MASSACHUSETTS ASSOCIATION OF INSURANCE AGENTS

MEMBERSHIP APPLICATION

Membership in MAIA is open to independent, licensed insurance agencies doing business as individuals, partnerships, corporations or other forms of business organizations operating within and subscribing to the principles, aims and objectives of the American Agency System or required to do business with a non-agency company under a state-created insurance program.

Name of Owner: _____

Email: _____

Agency Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Fax Number: _____

Website: _____



What type of business organization is your agency? (Check one box)

- Corporation Partnership
 Sole Proprietorship Other

AGENT MEMBERS: *Please call 508.634.7378 for prorated dues.*

Dues for MAIA are based on the number of personnel working in your agency.

Total number of staff in all agency locations: _____.

Dues for the 2012 Association year are as follows:

1-2	employees	\$ 525.00
3-5	employees	\$ 620.00
6-7	employees	\$ 745.00
8-9	employees	\$ 900.00
10-15	employees	\$1,100.00
16-20	employees	\$1,400.00
21-25	employees	\$1,800.00
26-30	employees	\$2,300.00
over 30	employees	\$3,000.00

For the purpose of determining the proper dues category, "agency personnel" includes owners, principals, solicitors, producers (whether salaried or paid by commission), in-house brokers, CSRs, clerk-typists and other office support staff who work more than twenty (20) hours per week.

I attest that I have not knowingly misrepresented any of the information provided on this application.

Signature: _____

Position in Agency: _____ Date: _____

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#: _____

Exp. Date: _____

Amount: _____

Signature: _____

Thank you for your support!