



Local
Agents
Serving
Main Street
AmericaSM

APPLICATION FOR MEMBERSHIP

Professional Insurance Agents of Tennessee
504 Autumn Springs Court, Suite A-3
Franklin, TN 37067

Phone: (615) 771-1177 FAX: (615) 771-3456
Web Site: www.piatn.com Email: piatn@piatn.com

AGENT MEMBERSHIP—Annual Dues—Based on licensed staff in an independent agency

PIA Membership dues are designed to produce a minimum payment for smaller agencies and proportionally higher dues for larger agencies.

- 1 or 2 Licensed Staff (list all)....\$360
- 3 or 4 Licensed Staff (list all)....\$460
- 5 or 6 Licensed Staff (list all)....\$560
- Add \$50 per contact above 6 and attach a separate sheet listing additional names.

Agency Information

Agency Name: _____
 Mailing Address: _____
 City/State/Zip: _____ County: _____
 Phone: _____ Fax: _____ Web Site: _____
 Street Address & Zip (if different): _____

The following information will remain confidential but will greatly aid us in research and development of member products and services.

Please list your three leading carriers: _____
 Agency's Annual Premium Volume: _____ Commercial: _____% Personal: _____% L/H: _____% Total Staff Size _____
 E&O Carrier: _____ Expiration Date: _____
 Branch Offices (if applicable)
 Location 2: _____ City/State/Zip: _____
 Phone: _____ Fax: _____

Licensed Staff

	<u>Name & Designations</u>	<u>Position in agency</u>	<u>Date of Birth</u>	<u>TN License #</u>	<u>E-Mail Address</u>	<u>Need CE</u>
1.	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
	Primary Contact					
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

I hereby make application for membership in the Professional Insurance Agents of Tennessee, Inc. I understand that a percentage of PIA Association dues may be deductible under provisions of the Internal Revenue Code as a business expense, but not as charitable contributions. I understand that by providing my phone, fax and email information, I am consenting to receive communications, including advertisements for products and services sent by or on behalf of the association. I hereby authorize collection of payment for all charges as indicated above. I hereby authorize the collection of future renewal payments using this credit card, unless otherwise indicated below. I understand that this authorization will remain in effect until I cancel it in writing, at least 15 days prior to the next billing date. If the above noted payment falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I wish to opt-out of the automatic renewal payment option at this time.

Payment

Enclosed is \$ _____ check made payable to PIA of Tennessee

Please charge \$ _____ to AMEX VISA Master Card Card

Number _____ Exp Date _____

Name on Card _____ Sec Code _____

Billing Address, if different from above:

Applicant's Signature