



Professional Insurance Marketing Association
Insurance Agency/Broker/TPA Membership Application

Organization

Organization Name
Address
City / State / Zip
Phone () Fax () Website

Voting Member

Please provide the name and title of the one individual who will be the official representative to PIMA, authorized to cast a vote on appropriate matters and serve as the communication link to the organization.

Name Title
Phone: () Email Address:

Agency Associate Membership

In addition to the voting member, four (4) other key personnel in your agency may become non-voting agency associate members, eligible to participate in association activities at member rates at no extra charge. Add \$200 each for the sixth (6th) and succeeding associates. (Please attach additional associates sheet as needed.)

- 2. Title: Email:
3. Title: Email:
4. Title: Email:
5. Title: Email:

If not at the same address as the organization, please provide full contact information on additional page

Legal Officer

Who in your company has the chief responsibility for legal and regulatory matters
Name Title

Dues Schedule

Dues payments may be partially deductible by members as an ordinary and necessary business expense. Dues are non refundable.

Table with 2 columns: Premium Volume, *Annual Dues. Rows include A1: \$0 - 1,499,999 (\$800), A2: 1,500,000 - 4,999,999 (\$1,500), A3: 5,000,000 - 9,999,999 (\$2,300), A4: 10,000,000 - 19,999,999 (\$3,000), A5: 20,000,000 - 29,000,000 (\$3,800), A6: Over \$30,000,000 (\$4,200)

ENTER APPROPRIATE DUES AMOUNT FROM THE SCHEDULE ABOVE \$
\$200 Each For The Sixth (6th) and Succeeding Associates (over).....\$
Total Amount Due\$

Complete and Submit

I understand that this application is subject to review by PIMA's Board of Directors and that PIMA reserves the right to determine acceptability. I certify that the above information is correct.

By (Signature) Date
Print Name Title

Payment Method: AMEX VISA MasterCard or Check payable to PIMA
Card No. Exp Date:
Signature:

Payment must accompany this form. Mail along with check payable to: PIMA, 35 E. Wacker Drive, Suite 850, Chicago, IL 60601



Additional Members

Add \$200 each for the sixth (6th) and succeeding associates.

Name _____ Title _____

Address _____

City / State / Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Name _____ Title _____

Address _____

City / State / Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Name _____ Title _____

Address _____

City / State / Zip _____

Phone (____) _____ Fax (____) _____ Email _____