



Professional Insurance Marketing Association

Business Partner Membership Application

Organization

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

Description of business/services/products.

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 matter and serves as the communication link to the organization.

Name _____ Title _____
 Phone (____) _____ Email Address: _____

Associate Membership

In addition to the voting member, **four (4) other key personnel in your organization may become non-voting 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 sheet to indicate associates, if necessary)*

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

Business Partner membership shall be available to any person, firm or corporation that does not qualify as an "Insurance Agency" or "Insurance Company" engaged in or wishing to engage in selling products or services to members of PIMA.

Dues

Annual Dues: \$1,500

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

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 _____