

ASSOCIATE MEMBERSHIP APPLICATION

Receive **MAIA** Associate Membership Benefits for just **\$425.00 per year**.

NAME: _____

EMAIL: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

PHONE: _____

FAX: _____

WEBSITE: _____

TYPE OF BUSINESS: _____

PAYMENT OPTIONS:

Mail to MAIA or fax to (508) 634-2930.

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

Fax: (508) 634-2930

Visit us at massagent.com®

