

# 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: \_\_\_\_\_



massagent.com®

**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 2017 association year are as follows:

1-2	employees	\$ 575.00
3-5	employees	\$ 680.00
6-7	employees	\$ 820.00
8-9	employees	\$ 995.00
10-15	employees	\$1,215.00
16-20	employees	\$1,550.00
21-25	employees	\$2,180.00
26-30	employees	\$2,780.00
over 30	employees	\$3,630.00

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) 634-2930.

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#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSV#: \_\_\_\_\_

CC Billing address: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your support!