

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.

General Information:

Name of Owner: _____ Email: _____
Agency Name: _____
Mailing Address: _____
Premise Address (if different): _____
City / State / Zip: _____
Phone: _____ Fax: _____ Website: _____

2024 MAIA Membership Dues Schedule (effective 10/1/2023)

Dues for MAIA are based on the number of personnel working for your agency at all locations. Please select the appropriate dues category for your agency.

- | | |
|--|---|
| <input type="checkbox"/> 1-2 Employees.....\$640 | <input type="checkbox"/> 31-40 Employees.....\$4,029 |
| <input type="checkbox"/> 3-5 Employees.....\$754 | <input type="checkbox"/> 41-70 Employees.....\$4,297 |
| <input type="checkbox"/> 6-7 Employees.....\$913 | <input type="checkbox"/> 71-100 Employees.....\$4,625 |
| <input type="checkbox"/> 8-9 Employees.....\$1,104 | <input type="checkbox"/> 101-200 Employees...\$4,920 |
| <input type="checkbox"/> 10-15 Employees.....\$1,350 | <input type="checkbox"/> 201-300 Employees...\$5,467 |
| <input type="checkbox"/> 16-20 Employees.....\$1,722 | <input type="checkbox"/> 301-400 Employees...\$6,014 |
| <input type="checkbox"/> 21-25 Employees.....\$2,422 | <input type="checkbox"/> 401-500 Employees...\$6,561 |
| <input type="checkbox"/> 26-30 Employees.....\$3,089 | |

Agency Personnel includes owners, principals, producers, in-house brokers and all other support staff including remote workers, whether hourly, salaried, or paid by commission, who work a total of twenty (20) hours or more per week.

Do you wish to contribute to the MAIA Advocacy Fund to help defray the costs of legislative, regulatory, and judicial battles in support of independent insurance agents? \$150 \$250 \$500 Other \$ _____ Not at this time

Your response to these optional questions will help us better serve you. Questions pertain to the principal.

Gender: Male
 Female
 Prefer not to say

Birth Year: _____

Which category best describes you?

- Asian
 Black or African American
 Hispanic or Latino
 White
 Other: _____
 Prefer not to say

DEDUCTIBILITY OF DUES

Contributions of gifts to MAIA are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses, subject to restrictions imposed as a result of association lobbying activities. MAIA estimates that the non-deductible portion of your **2024 dues** allocable to lobbying is **28 percent**.

Dues paid are non-refundable.

To help MAIA better direct our communications to your agency, please indicate whom we should contact.

Agency Principal :

Name: _____

Email: _____

Accounting Contact:

Name: _____

Email: _____

Main Contact (if different than Principal) :

Name: _____

Email: _____

Federal ID Number: _____

Entity License Number _____

Year Agency Started: _____

Business Structure:

- C Corp
- C Corp LLC
- Partnership
- Partnership LLC
- S Corp
- S Corp LLC
- Sole Proprietor

I attest that I have not knowingly misrepresented any of the information provided on this application.

Signature: _____

Date: _____

Position in Agency: _____

Title: _____

Payment

MAIA Full Membership Annual Dues Amount: _____

Credit Card Information:

Name: _____

Circle one: MC VISA AMEX

Billing address: _____

Amount: \$ _____ Card#: _____ Exp. Date: _____ CSV#: _____

Signature: _____

To pay by check: Please return this form with a check made payable to Massachusetts Association of Insurance Agents to 91 Cedar Street, Milford, MA 01757

To pay by phone: Please call 508-634-7385 and speak with Lori Kane.

To pay by email: Please return this form with credit card information - via a secure email system - to Lori Kane at lkane@massagent.com (If you do not have a secure email system, please let Lori know and she can send you a portal with an invoice number to pay securely)

To pay by fax: Complete this form including credit card information and fax to (508) 634-2930.

QUESTIONS? Please call 508-634-7385 and speak with Lori Kane.

Thank you for joining MAIA!