

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

## 2023 MAIA Membership Dues Schedule (effective 10/5/2022)

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.....\$630     | <input type="checkbox"/> 31-40 Employees.....\$3,970  |
| <input type="checkbox"/> 3-5 Employees.....\$743     | <input type="checkbox"/> 41-70 Employees.....\$4,234  |
| <input type="checkbox"/> 6-7 Employees.....\$900     | <input type="checkbox"/> 71-100 Employees.....\$4,557 |
| <input type="checkbox"/> 8-9 Employees.....\$1,088   | <input type="checkbox"/> 101-200 Employees...\$4,848  |
| <input type="checkbox"/> 10-15 Employees.....\$1,330 | <input type="checkbox"/> 201-300 Employees...\$5,386  |
| <input type="checkbox"/> 16-20 Employees.....\$1,697 | <input type="checkbox"/> 301-400 Employees...\$5,925  |
| <input type="checkbox"/> 21-25 Employees.....\$2,386 | <input type="checkbox"/> 401-500 Employees...\$6,464  |
| <input type="checkbox"/> 26-30 Employees.....\$3,043 |   |

*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 **2023 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](mailto: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!**