Membership Application

General Information:



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.

Owner Principal(s)				
Name:*	Email:	Birth Year:	Gender: M F Prefer not to say	
Name:	Email:	Birth Year:	Gender: M F Prefer not to say	
Name:	Email:	Birth Year:	Gender: M F Prefer not to say	
(If more than three people, pl	ease attach a separate sheet wit	h information for the	others)	
Primary Contact: (If different t	han principal) *If more than on	e principal, the first p	orincipal listed will be considered primary.	
Name:		Email:		
Address:				
Agency Name:				
Mailing Address:				
Premise Address (if different):				
City / State / Zip:				
	Fax: Website:			
•	•	•	all locations. Please select the appropriate	
1-2 Employees\$65	31-40 Employ	/ees\$4,151		
3-5 Employees\$777	41-70 Employ	ees\$4,427	Agency Personnel includes owners, principals, producers,	
6-7 Employees\$941			in-house brokers and all other	
			support staff including remote workers, whether hourly,	
10-15 Employees\$1,3	yees\$1,391 201-300 Employees\$5,632 salaried, or paid by commission			
16-20 Employees\$1,774 301-400 Employees\$6,1		loyees\$6,196	who work a total of twenty (20) hours or more per week.	
21-25 Employees\$2,4	195 401-500 Emp	loyees\$6,759	nouts of more per week.	
26-30 Employees\$3,1	.82			
Do you wish to contribute to t	he MAIA Advocacy Fund to hel	p defray the costs of	legislative, regulatory, and judicial battles in	
support of independent insur	ance agents?	\$250 \$500	Other \$ Not at this time	

Additional Information: Business Structure: C Corp Partnership S Corp Sole Proprietor Partnership LLC S Corp LLC C Corp LLC Federal ID#: _____ Year Agency Started: _____ Revenue: Property and Casualty Amount: ______ Life and Health Amount: _____ ______ % Personal Lines ______ % Commercial Lines ______ % Life and Health Mix of Business: I attest that I have not knowingly misrepresented any of the information provided on this application. Date: _____ Position in Agency: Title: ____ **Payment** MAIA Full Membership Annual Dues Amount: E-Check Information: Bank Name: ____ _____ Acct #: _____ Routing #: _____ **Credit Card Information:** Name: _____ MasterCard Visa American Express 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 Ikane@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 or E-Check and fax to (508) 634-2930. **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

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

lobbying activities. MAIA estimates that the non-deductible portion of your 2026 dues allocable to lobbying is 28 percent.