



Associate Membership Application

Additional information: www.moagent.org. Contact MAIA with questions: 573-893-4301, or email dpatterson@moagent.org.

Organization Information

Associate membership is available to organizations engaged in a profession or business related to the American Agency System, but in a capacity other than an insurance agency or wholesaler located in Missouri.

Organization Name _____
Main Contact _____ Phone _____ Website _____
Main Location Mailing Address _____ City _____ State _____ Mail Zip _____
Main Location Street Address _____ City _____ State _____ Street Zip _____
We are: Insurance Co. Wholesaler (with no Mo. locations) Vendor Retail Agency (not in Mo.) Other: _____

Associate Contacts

The three individuals named below will receive MAIA's mailings, electronic newsletter and a copy of the Missouri Agent magazine.

Name/Designations _____
Mailing Address _____ City _____ State _____ Mail Zip _____
Street Address _____ City _____ State _____ Street Zip _____
Phone _____ Email _____

Name/Designations _____
Mailing Address _____ City _____ State _____ Mail Zip _____
Street Address _____ City _____ State _____ Street Zip _____
Phone _____ Email _____

Name/Designations _____
Mailing Address _____ City _____ State _____ Mail Zip _____
Street Address _____ City _____ State _____ Street Zip _____
Phone _____ Email _____

Associate Membership Dues

This membership allows the named organization and its personnel to participate in all association activities, programs and services at member rates; the right to attend all meetings of the MAIA Board of Directors; and to receive all MAIA mailings.

Associate Membership Dues	\$ 525
MAPAC Contribution* (Suggested amount \$100)	\$
TOTAL ENCLOSED	\$

Membership Conditions: Membership is from Jan. 1 to Dec. 31. All dues are fully earned at time of payment. MAIA dues are not deductible as a charitable contribution for income tax purposes; however, 78.3 percent of your dues for 2020 may be deductible as a business expense.

***MAPAC:** All members are urged to voluntarily contribute to the Missouri Agents Political Action Committee; contributions are not deductible as charitable contributions for income tax purposes.

Payment Information & Membership Terms

Payment Type: Check Enclosed (payable to MAIA) or Visa MC AmEx Discover
Card No. _____ Verification Code _____ Ex. Date _____
Signature _____ Billing Address _____

This application is hereby tendered for associate membership in the Missouri Association of Insurance Agents, and it is understood not to include membership in the Independent Insurance Agents and Brokers of America, nor the National Association of Professional Insurance Agents. It is further understood that no logo of the IIABA, nor the PIA National may be used by the named applicant without permission of the respective national association.

Name (Printed): _____ Title: _____ Date: _____
Signature: _____

Submit with payment to:

MAIA, 3315 Emerald Lane, Jefferson City, Mo. 65109, or Fax: 573-893-3708, or Email: dpatterson@moagent.org