



Missouri Association of Insurance Agents

Legislative Insiders

I am willing to help MAIA's Legislative efforts as needed and serve as a "LEGISLATIVE INSIDER" in my area.

Name: _____

Agency: _____

Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____

E-Mail: _____

I have a personal relationship with the following legislators or state officeholders:

| Officeholder's Name | District/Office | Personal Friend | Relative |
|---------------------|-----------------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

I have contributed to the campaign of the following officeholders:

| Officeholder's Name | District/Office |
|---------------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



I write personal and/or business insurance for the following officeholders:

| Officeholder's Name | District/Office |
|---------------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



Complete this form and mail or FAX to MAIA today!
Return to: **Missouri Association of Insurance Agents**
P.O. Box 1785, Jefferson City, MO 65102-1785
Phone: 573/893-4301 or 800/617-3658 in Missouri
FAX: 573/893-3708