



# Affiliate Membership Application

Additional information: [www.moagent.org](http://www.moagent.org). Contact MAIA with questions: 573-893-4301, or email [membership@moagent.org](mailto:membership@moagent.org).

## Organization Information

Affiliate membership is available to retail agencies outside of Missouri that DO NOT have a location in Missouri AND are members of their home state's association.

Organization Name \_\_\_\_\_

Main Contact \_\_\_\_\_ Phone \_\_\_\_\_ Website \_\_\_\_\_

Main Location Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mail Zip \_\_\_\_\_

Main Location Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Street Zip \_\_\_\_\_

Is your organization an LLC? ☐ Y ☐ N If yes, do you file taxes as an S-Corp or C-Corp? ☐ Y ☐ N

If your LLC does not file as an S-Corp or C-Corp, have you registered with the Missouri Ethics Commission? ☐ Y ☐ N

## Affiliate Contacts

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

1. Name/Designations \_\_\_\_\_

Title \_\_\_\_\_ DOB \_\_\_\_\_ Primary Role ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT

Mailing Address (if different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name/Designations \_\_\_\_\_

Title \_\_\_\_\_ DOB \_\_\_\_\_ Primary Role ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT

Mailing Address (if different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name/Designations \_\_\_\_\_

Title \_\_\_\_\_ DOB \_\_\_\_\_ Primary Role ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT

Mailing Address (if different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Affiliate Membership Dues

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

|   |        |
|---|--------|
| Affiliate Membership Dues                   | \$ 100 |
| MAPAC Contribution* (Suggested amount \$50) | \$     |
| 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, 76.6 percent of your dues for 2024 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. Effective Aug. 28, 2022, LLCs that have not elected to be classified as a corporation under the federal tax code must register with the Missouri Ethics Commission prior to making a contribution to MAPAC. To register, go to <https://mec.mo.gov/LLC/Registration>. If you make a contribution but have not registered, or we cannot determine if you need to register, we will return your contribution within 10 business days of receipt.

## 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 affiliate 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 the applicant is an active member of its state's 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: [membership@moagent.org](mailto:membership@moagent.org)