



Affiliate Membership Application

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

Affiliate Contacts

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

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 _____

Name/Designations _____

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

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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. Missouri Agent subscription price for one year (\$30 per affiliate contact) is included in membership dues, and members may not deduct subscription price from dues. MAIA dues are not deductible as a charitable contribution for income tax purposes; however, 77.2 percent of your dues for 2019 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 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 you agree and certify that you are an active member of your state's association.

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

Signature: _____

Submit with payment to:

MAIA, P.O. Box 1785, Jefferson City, Mo. 65102-1785, or Fax: 573-893-3708, or Email: dpatterson@moagent.org