

Associate Membership Application

Additional information: www.missouriagent.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 A	Agency System, but in a capacity
other than an insurance agency or wholesaler located in Missouri.	

Organization Name					
Main Contact					
Main Location Mailing Address					
Main Location Street Address We are: □ Insurance Co. □ Wholesaler (with no Mo.		-		•	
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Associate Contacts					
The three individuals named below will receive MAIA's	=	- · ·	Agent maga	zine.	
Name/Designations					
Mailing Address		City	_ State	Mail Zip	
Street Address		City	State	Street Zip	
Phone	Ema	il			
Name/Designations					
Mailing Address		City	_ State	Mail Zip	
Street Address		City	_ State	Street Zip	
Phone					
Name/Designations					
Mailing Address			Stato	Mail 7in	
Street Address					
Phone	Emai	il			
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.		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 associate 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.			
Associate Membership Dues	\$ 525	*MAPAC: All members are urged to voluntarily contribute to the Missouri Agents Political Action Committee; contributions are not deductible as		ontribute to the Missouri	
MAPAC Contribution* (Suggested amount \$100)	\$				
TOTAL ENCLOSED	\$	charitable contributions for income tax purposes.			
Payment Information & Membe	ership Tern	ns			
Payment Type: ☐ Check Enclosed (payable to MAIA) Card No.			Ex.	Date	
Signature	Billing	Address			
This application is hereby tendered for associate men bership in the Independent Insurance Agents and Bro stood that no logo of the IIABA, nor the PIA National I	okers of America, n	nor the National Association of Profession	al Insurance	Agents. It is further under-	
Name (Printed):		Title:	Date: _		
Signature:					