

MICHIGAN ASSOCIATION OF INSURANCE AGENTS

Associate Membership Application

(Please type or print clearly.)



Contact Person _____

Organization _____

Street Address _____ P.O. Box _____

City/State/Zip _____

Phone _____ Cell _____

Email _____ Web Address _____

Classification of Associate Membership

P&C Insurance Company

Life/Health Insurance Company

Managing General Agency

Vendor/Supplier

Payment Options

Associate Membership Dues are \$1,150 per year.

My check **made payable to MAIA** is enclosed.

Please charge my credit card: Visa MasterCard Discover American Express Exp. Date _____

Name on Card _____ Card Number _____

Dues are billed September 1st of each year.

Please contact the Association office for assistance in calculating pro-rated dues.

Signature _____ Title _____

Payments to the Michigan Association of Insurance Agents may be deductible as ordinary and necessary business expenses under the Internal Revenue Code. They are not deductible as charitable contributions.

Return your check made payable to MAIA and this completed application form to:

MAIA • 1141 Centennial Way • Lansing, MI 48917 • (517) 323-9473 • michagent.org

For questions please contact:

Fred Cole (517) 327-8029 • fcole@michagent.org

Terri Bettinger (517) 327-8042 • tbettinger@michagent.org